

REPORT

1956—57

10231



MINISTRY OF HEALTH

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MINISTRY OF HEALTH

Minister

Rajkumari Amrit Kaur

Deputy Minister

Shrimati M. Chandrasekhar.

LIST OF SUBJECTS DEALT WITH BY THE CENTRAL
MINISTRY OF HEALTH

(a) Subjects for which the Ministry is primarily responsible.

1. The Administration of Central Departments and Institutions:—

- (i) The Directorate General of Health Services.
- (ii) The Malaria Institute of India, Delhi.
- (iii) The All-India Institute of Hygiene and Public Health, Calcutta.
- (iv) The Central Drugs Laboratory, Calcutta.
- (v) The Serologist and Chemical Examiner to the Government of India, Calcutta.
- (vi) The Central Research Institute, Kasauli.
- (vii) The Indian Cancer Research Centre, Bombay.
- (viii) The Central Institute of Research in Indigenous systems of Medicine, Jamnagar.
- (ix) Post-graduate training centre in Ayurveda, Jamnagar.
- (x) The Lady Reading Health School and Ram Chand Lohia Infant Welfare Centre, Delhi.
- (xi) The Lady Hardinge Medical College and Hospital, New Delhi.
- (xii) The Kalavati Pædiatric Hospital, New Delhi.
- (xiii) The College of Nursing, New Delhi.
- (xiv) The Hospital for Mental Diseases, Ranchi.
- (xv) The All-India Institute of Mental Health, Bangalore.
- (xvi) The B.C.G. Vaccine Laboratory, Guindy, Madras.
- (xvii) The Indian Council of Medical Research, New Delhi.
- (xviii) The Willingdon Hospital and Nursing Home, New Delhi.
- (xix) The Safdarjang Hospital, New Delhi.
- (xx) The Leprosy Teaching and Research Institute, Chingleput, Madras.
- (xxi) Medical Stores Depots and Factories.
- (xxii) The All-India Institute of Medical Sciences, New Delhi.
- (xxiii) The V. D. Training Centre, Safdarjang Hospital, New Delhi.
- (xxiv) Contributory Health Service Organisation, New Delhi.
- (xxv) Airport Health Organisation.
- (xxvi) Offices of the Assistants Drugs Controller at Ports.
- (xxvii) The Antigen Production Unit, Calcutta.
- (xxviii) Central Quinine Office, Calcutta.

(xxix) The Central Food Laboratory, Calcutta.

2. Relations with United Nations and foreign and International Organisations viz. World Health Organisation, UNICEF, Ford Foundation and Rockefeller Foundation, Red Cross and St. Johns Ambulance.

3. International Sanitary Regulations, Seamen's Welfare.

4. All-India Councils of medical and allied professions.

5. Drugs Standard Control—under the Drugs Act, 1940 (as amended) and rules thereunder.

6. Prevention of Food adulteration.

7. Higher Medical and Public Health training of students abroad.

8. Medical Research.

9. Medical and Public Health development in the Centrally Administered Areas of Delhi, Manipur, Tripura and Himachal Pradesh.

10. Central Plan for Medical and Public Health development.

11. Inter-State Quarantine.

12. Standards of physical fitness of Central Government Servants—Medical Examinations and Medical Boards.

13. Medical attendance for Central Government Servants.

14. Health Services in the Centrally administered areas.

15. Municipal and Improvement Trust administration in Centrally Administered Areas of Delhi, Manipur, Tripura and Himachal Pradesh.

16. Family Planning.

(b) Subjects in relation to which the Ministry exercises advisory and co-ordinating functions.

1. Development of Health Services in States in particular, services relating to the control of diseases like Malaria, Tuberculosis, Venereal Diseases, Filaria, Leprosy etc. as also the development of Maternity and Child Welfare, Nursing and Family Planning.

2. The designing and equipment of medical institutions.

3. Nutrition.

4. Co-ordination of State Control of Standards of drugs manufactured and sold in the Country.

5. National Water Supply and Sanitation Schemes.

6. Local Self Government and Panchayats.

7. Development of Standards of Local Self-Government in India—Collection and Collation of information regarding Village Panchayats and other Local Bodies in various States.

CHAPTER I.

INTRODUCTION

The Central Government have the sole executive responsibility for subjects included in the Union List, and concurrent legislative responsibility with States for subjects contained in the Concurrent List. Matters connected with Health fall largely in the State field. The Centre is, however, directly responsible even for State subjects concerning Centrally administered areas of Manipur, Delhi, Tripura and Himachal Pradesh. While this is the constitutional allocation of responsibility, it does not follow that the Central Government do not have any responsibility in regard to Health except in relation to matters specified in the Union List. In general the Central Government's function in regard to matters in the State List, which are primarily the responsibility of States themselves, can be stated to be co-ordination, the collection and supply of informations, supply of expert technical assistance and advice, and such other assistance as can be given for the promotion of the health and well-being of the country. The degree of influence which a Central Health Ministry can exert in the matter of improvement of Health administration throughout the country, depends entirely on the extent to which it can initiate enquiry, discussion, and experiment and the extent to which it comes to be looked upon by State administrations and the professional and the public not only as co-ordinating agency but also as a body competent to advise and assist the various States and units in the practical solution of health problems of this vast country.

2. BUDGET PROVISION FOR THE MINISTRY OF HEALTH FOR 1956-57.

The position regarding the Original and Revised budget provisions sanctioned under Revenue and Capital for 1956-57 :; as follows:—

Demand No.	A. <i>Revenue</i>	Original budget (Amount Rs. in lakhs)	Revised
46. Ministry of Health		10.55	11.59
47. Medical Services		403.18	315.19
48. Public Health		930.07	773.19
49. Miscellaneous expenditure under the Ministry of Health		95.35	92.28
57. Kutch		20.686	..
58. Manipur		24.79	13.59
59. Tripura		27.09	22.87
TOTAL—REVENUE		1511.716	1228.71

Demand No.	B. Capital	Original budget	Revised
		(Amount Rs. in lakhs).	
126.	Loans to Local Bodies	153·70	102·50
126.	Loans to State Governments for Urban Water Supply Schemes	350·00	350·00
130.	Medical Stores Depots and Factories	170·25	176·72
Do.	Cinchona Cultivation	5·93	7·60
Do.	Malaria Control	348·50	366·83
Do.	Filariæ Control	141·58	61·17
Do.	Grants to State Governments for Rural Water Supply Schemes	100·00	100·00
Do.	National of Water Supply and Sanitation Programme— Material and Equipment under the T. C. A. Pro- gramme	47·00	47·00
Do.	Plant and Equipment for B. C. G. Vaccine Labora- tory, Guindy	3·00	1·00
Do.	T. B. Control Equipment under Colombo Plan	6·00	2·00
	Civil Works	111·26	111·26
	Loans to Part 'C' States for Civil Works	89·34	89·34
	TOTAL	1526·56	1415·42

3. THE CENTRAL COUNCIL OF HEALTH.

In accordance with the decision taken at the Third Health Ministers' Conference held at New Delhi in August-September, 1950, a Central Council of Health was established in August, 1952, with the Union Health Minister as the Chairman and State Health Ministers as Members under Article 263 of the Constitution of India, to consider and recommend broad lines of policy in regard to matters concerning health in all its aspects, such as the provision of remedial and preventive care, environmental hygiene, nutrition, health education and the promotion of facilities for training and research, etc. The Council has had so far five meetings at Hyderabad in January, 1953, at Rajkot in February, 1954, at Trivandrum in January, 1955, at New Delhi in February, 1956, and at Ranchi in December, 1956. At each of these meetings, the Council passed resolutions on various subjects which have been or are being implemented in consultation with the State Governments. The fifth annual meeting of the Central Council of Health which was held at Ranchi on the 14th, 15th and 16th December, 1956, was inaugurated by the Governor of Bihar on the 14th December, 1956. Resolutions were passed at this meeting mainly on the following subjects.

- (1) The Malaria Control Programme.
- (2) The importance of timely Planning and the need for proper supervision of Health Programmes by States.

- (3) Primary Health Centres.
- (4) Raising of funds for Health programmes by the levy of a Health Cess.
- (5) The Control of Leprosy.
- (6) Promotion of a Central Legislation on the basis of the Model Public Health Act.
- (7) Prevention of pollution of Sources of water.
- (8) The Report of the Dave Committee appointed by the Government of India to study and report on the question on establishing uniform standards in respect of education and practice of Vaid, Hakim, and Homoeopaths.
- (9) The Central Medical Stores Organisation.

CHAPTER II

CENTRAL ACTIVITIES

1. Contributory Health Service Scheme for Central Government Employees and their families in Delhi and New Delhi.

The Contributory Health Service Scheme for Central Government Servants in Delhi and New Delhi was introduced as a pilot scheme on the 1st July, 1954. Under the scheme, medical investigation and treatment in hospitals and at home, where needed, consultation with the medical attendant and specialists and supply of medicines are provided free of cost to the Government Servant and members of his family in lieu of a small monthly contribution ranging between eight annas and twelve rupees depending on the pay of the Government servant.

The number of beneficiaries which in the beginning was 2,23,000 including 53,000 Government servants is now 3,20,000 of whom about 88,000 are Government employees. The total average daily attendance of patients in the various dispensaries is now about 9,500 as against only 1,959 in the first week of July, 1954 when the scheme was introduced. The total monthly attendance in July, 1954 was 66,444 whereas in December, 1956 it was 2,39,487. Ten semi-Government institutions have also joined the scheme at their own option while requests have been received from several others for inclusion in the scheme. These figures show clearly that the scheme has gained popularity and an increasingly large number of beneficiaries is availing of the facilities provided by the scheme. The increase in number of beneficiaries has necessitated an expansion of the organisation. There are now 113 full-time Medical Officers including 31 Women doctors and 11 Specialists as against 40 Medical Officers including 8 Women doctors and 4 Specialists at the beginning of the scheme. All these medical officers are whole-time employees who are not permitted to engage in private practice of any sort. They are paid compensation for loss of private practice and also get a conveyance allowance. The number of ancillary staff has increased from 266 to 367 during the same period. The number of fully equipped dispensaries originally set up under the scheme for out-patient treatment was 16 besides institutional facilities at the Safdarjang and the Willingdon Hospitals. At present there are 20 dispensaries established in various localities of Delhi and New Delhi besides three mobile dispensaries which carry medical aid to employees residing in outlying areas.

Benefits available under the scheme were explained in the popular language in a pamphlet in Hindi entitled "Jeevan Dan", which was published during the year.

An Advisory Committee composed of representatives of different service associations met nine times since the introduction of the scheme to consider the working of the scheme and made recommendations for its improvement, most of which have been implemented. The question of making the scheme permanent and of further expanding the organisation for making it possible to include the semi Government Organisations which have applied for such inclusion is under consideration.

Receipts and expenditure on the scheme during the years 1954 (from 1-7-54)-1955 and 1955-56 and the budget for the year 1956-57 are shown below:—

Receipts				Expenditure													
1954-55		1955-56		1956-57		1954-55		1955-56		1956-57							
Con- tribu- tion from bene- ficia- ries.				770747-3-0		1695505-14-0		1995500-0-0		(i) Pay allow- ances etc. of the estab- lish- ment.		402181-3-0		923439-15-0		1452800-0-0	
										(ii) Medi- cines & Sto- res etc.		990526-1-6		1590586-11-0		2047200-0-0	
										TOTAL		1392707-4-6		2514026-10-0		3500000-0-0	

2. The Willingdon Hospital and Nursing Home, New Delhi

The Willingdon Hospital and Nursing Home, New Delhi, which was taken over from the New Delhi Municipal Committee on the 1st January 1954, has made steady progress in its expansion programme. The bed strength which was 50 when the Institute was taken over has been raised to 69. As soon as certain construc-tions which are in progress are completed, the bed strength will be further increased to 86 and ultimately to 220 by the end of March, 1958. Additional wards, consultation rooms and a waiting hall have been added to the Hospital.

The number of doctors in the Hospital is 20 as against 6 at the time when it was taken over.

A well-equipped Mobile Dental Van, presented by the West German Government, is stationed at this Hospital. It provides dental care to the general public.

The number of indoor and outdoor patients treated at the Hospital from January 1956 upto the end of December, 1956 were 1,965 and 2,45,562 as against 1,538 and 2,42,170 respectively during the corresponding period of the previous year.

The construction of a New Nurses' Home has been started in a plot of land opposite the hospital and that of a Mortuary Block has been sanctioned.

The hospital provides diagnostic and outdoor and indoor treatment facilities to the public and also to beneficiaries of the Contributory Health Service Scheme. There are Radiological, Dental, Ophthalmological, Pathological, E.N.T., Maternity and Surgical Departments in the Hospital. Beds in the Nursing Home are intended for paying cases. All medical officers in the hospital are debarred from engaging in private practice of any kind.

3. The Safdarjang Hospital, New Delhi

The Safdarjang Hospital in New Delhi has made considerable progress since it was taken over from the Delhi State Government on the 1st March, 1954. The bed strength of the Hospital which was 179 when the Hospital was taken over has been raised to 326. A paediatric block, a postmortem and mortuary block, a maternity block, a prosthetic unit attached to the Dental department, an additional operation theatre and a Laundry block in the Hospital have been completed. Additional wards including a new Cancer ward are under construction. When the new wards are ready, the total bed strength will be 510.

The construction of a Nurses Home has been sanctioned. It is proposed to build a section of the new out-patients Department and additional wards during the coming year.

The prosthetic unit will under-take the work of manufacturing dentures with the aid of the dental laboratory equipment, which was presented by Messrs. Krupps to the Prime Minister.

The number of doctors which at the time the hospital was taken over was 15, has been increased to 30.

The number of outdoor and indoor patients treated at the Hospital from the 1st January, 1956 were 2,35,862 and 9,170 as against 1,78,590 and 5,743 respectively during the corresponding period of 1955. This hospital provides diagnostic and outdoor and indoor treatment facilities for the public and for beneficiaries of the Contributory Health Service Scheme. There are the Radiological, Dental, Ophthalmological, E.N.T., Pathological, Surgical and Maternity departments in the hospital.

4. The Hospital for Mental Diseases, Ranchi

The management of this hospital which prior to the 1st June, 1954 vested in a Board of Trustees consisting of representatives of the States of Bihar, West Bengal, Uttar Pradesh, Punjab, and Madhya Pradesh, the European Association and the Anglo-Indian and domiciled European Association (Bengal), was taken over under the direct control and management of the Central Government. This was done with a view to reorganising the hospital on sound lines and also making it a model centre for the treatment of mental disorders.

An Advisory Committee composed of representatives of the Central Government and of contributing States has been constituted to advise the Government of India in the management of the Hospital.

The Hospital has accommodation for 420 patients. Seats have been reserved for contributing States as follows:—

West Bengal	255
Bihar	60
Uttar Pradesh	35
Madhya Pradesh	10
Delhi	10
Assam	6
Orissa	6
PEPSU (Now Punjab)	1
Tripura	4
Other areas	3
Independent beds	30
	<hr/> 420

A charge of Rs. 2,033 per annum per bed is payable by the contributing States while for other seats, the charge per bed is Rs. 400, Rs. 320 and Rs. 200 per month for Class I, II, III patients.

A provision of Rs. 8.25 lakhs has been included in the Second Five Year Plan for the development of the Hospital.

5. The All India Mental Health Institute, Bangalore

The All-India Institute of Mental Health, Bangalore, was opened in August, 1954 with the following objects:—

(i) To make provision for and to promote post-graduate and special studies and research in mental health, (ii) to give advice to the Government of India and to State Governments on matters relating to the organisation of mental health services and (iii) to act in coordination with International and other agencies in the matter of post-graduate and special studies and (iv) research in

Mental health. The Institute works in association with the Mental Hospitals, Bangalore and its affairs are managed by a Governing Body consisting of representatives of the Central Government and the Government of Mysore. A course of Diploma in Psychological Medicine and another in Medical Psychology were started at the Institute in 1955. The number of candidates who have so far been trained at the Institute is as follows:—

D. P. M. (2 years course)	. . . . .	7
D. M. P. (2 years course)	. . . . .	6
Diploma in psychiatric Nursing (1 year course)	. . . . .	<u>15</u>

The number of candidates who are undergoing training at present at the Institute is:—

D. F. M.	. . . . .	23
D. M. P.	. . . . .	15
Diploma in Psychiatric Nursing	. . . . .	18

A provision of Rs. 41·0 lakhs has been made in the Second Five Year Plan period for the expansion of the Institute.

6. Contribution to the League of Red Cross Societies, Geneva, the International Committee of the Red Cross and the Indian Red Cross Society.

A sum of Rs. 1,50,000/-has been included in the budget for 1956-57 for payment to the League of Red Cross Societies and International Committee of the Red Cross, Geneva, as the contribution of the Government of India.

The XIXth International Red Cross Conference which was to be held in New Delhi from the 21st January to the 5th February 1957 has been postponed and now is expected to be held before the end of the year.

An annual grant of Rs. 1 lakh has been sanctioned to the Indian Red Cross Society towards meeting its normal expenses.

7. Membership of the International Hospital Federation

During the year, under review, the Government of India continued to be a member of the International Hospital Federation, London. The main purpose of the Federation is to facilitate the exchange of ideas regarding the organisation of hospitals and improvements in the hospital administration. The membership fee of £34 has been increased by the International Hospital Federation to £39 a year beginning from the year 1957.

8. The Control of Venereal Diseases

(a) Facilities for the control of Venereal diseases vary from State to State. Areas having a high incidence of these diseases, often have inadequate treatment facilities. Hitherto, the emphasis has been on the individual curative aspects, there being hardly any well developed organisation in States for dealing with both preventive, epidemiological and Clinical diagnosis.

A scheme for the Control of venereal diseases has been included in the Second Five Year Plan. Under the scheme, it is proposed to establish within the frame work of existing Public Health Medical Services of States, an integrated programme of V. D. Control, covering both curative and preventive aspects. The scheme also envisages mass treatment of patients in areas where the incidence of these diseases is high. Under the scheme, 75 District clinics and 8 Headquarters clinics are to be established. The Central Government's share of the expenditure on the scheme, in the shape of subsidy to States is estimated at Rs. 39.50 lakhs.

(b) A. V. D. Training Centre is located in the premises of the Safdarjang Hospital. This centre provides intensive refresher courses of three months each, to medical officers, serologists, laboratory technicians, Public Health Nurses, Health Visitors and V.D. Social workers. During the year 1956-57, 9 persons were trained at this centre.

9. The Scheme for the Provision of Maternity and Child Welfare Services in the Backward Areas in States.

In the First Five Year Plan, a sum of Rs. 50 lakhs was provided for the establishment of M. & C. W. Centres in backward areas in States with Central subsidy. 201 centres were established by State Governments under the Scheme during the First Five Year Plan period. Central assistance according to the approved pattern was given during the year 1956-57 to the extent of Rs. 3,43,875 for the maintenance of these Centres to various States as follows:—

Name of State	Amount Rs.
1. Bihar	95,940
2. Bombay	27,774
3. Kerala	48,477
4. Madhya Pradesh	56,213
5. Orissa	17,300
6. Punjab	7,367
7. West Bengal	90,704

No scheme for Central subsidy towards the establishment of new M. & C.W. Centres in States has been included in the Second Five Year Plan as the Maternity and Child Welfare work will be carried on through Primary Health Centres. M. & C.W. Centres which were opened during the First Five Year Plan period will be linked up with Primary Health Centres.

10. The Model Vital and Health Statistical Unit

In collaboration with the W.H.O., a Model Vital and Health Statistical Unit was established during the year at Nagpur. It is a training *cum*-demonstration centre for the statistical staff working in various health organisations in the country. The cost of the unit is being shared by the Government of India, State government and the Nagpur Corporation.

The W.H.O. have made available to the Unit some equipment and the services of an expert for the period of two years. The Unit has been working under the direction of a W.H.O. Expert with effect from March, 1956.

11. The Establishment of Special Diet Kitchens in Hospitals

The Government of India, with a view to stimulate interest amongst medical undergraduates in the subject of hospital dietetics and to popularise the practice of diet therapy in the treatment of diseases, sponsored a scheme for the establishment of Special Diet Kitchens in hospitals under the First Five Year Plan and sanctioned the establishment of 15 diet kitchens one each in the following institutions:—

1. King George Hospital, Visakhapatnam.
2. Medical College Hospital, Dibrugarh.
3. Darbhanga Medical College Hospital, Laheria Sarai.
4. S.C.B Medical College, Cuttack.
5. V. J. Hospital, Amritsar.
6. Osmania General Hospital, Hyderabad.
7. Medical College Hospital, Nagpur.
8. Medical College, Trivandrum.
9. Medical College Hospital, Calcutta.
10. Nilratan Sircar Medical College Hospital, Calcutta.
11. Medical College, Gwalior.
12. Medical College, Indore.
13. S.M. Hospital, Jaipur.
14. Sarojini Naidu Medical College, Agra.
15. Lady Hardinge Medical College Hospital, New Delhi.

These kitchens were established except those at the S.N. Naidu Medical College, Agra, and the Lady Hardinge Medical College Hospital, New Delhi.

In view of the importance of diet therapy in diseases like diabetes, gastric ulcer, colitis, kidney diseases etc., the scheme has also been included in the Second Five Year Plan at an estimated cost of Rs. 2 lakhs. Under this scheme, the Central Government will make a non-recurring grant not exceeding Rs. 6,000/- for equipment and a recurring grant to the extent of 100% of recurring expenses, not exceeding Rs. 6,000/- p.a. for each diet kitchen towards the pay and allowances of the staff for a period of two years from the date of its establishment. In 1956-57, 8 diet kitchens were established at the following hospitals:—

1. S.N. Medical College, Agra.
2. Hamidia Hospital, Bhopal.
3. Osmania General Hospital, Hyderabad.
4. Government General Hospital, Madras.
5. Medical College Hospital, Patna.
6. Seth Sukh Lal Karnani Memorial Hospital, Calcutta.
7. Rajendra Hospital, Patiala.
8. The Government Hospital, Rewa.

12. Primary Health Centres for Rural Areas

No separate provision for Health Services in N.E.S. Blocks was made in the original First Five Year Plan. In 1954, a scheme for the establishment of Health Centres in N.E.S. Block was therefore formulated and a sum of Rs. 50 lakhs was provided in the revised First Five Year Plan of the Ministry of Health for the grant of subsidy to States for opening such Centres. The Scheme envisaged the establishment of a Health Centre with dispensary at the headquarters of the Block area with an average population of 56,000 from where a team of health workers would cover the surrounding area, looking after the Health needs of the area in both curative and preventive aspects. Seventy-four centres were established during the First Five Year Plan period by various States, with the Central assistance.

During the Second Five Year Plan period, about 2,000 such Health Centres in N.E.S. Blocks are proposed to be established in States. There is a provision of about Rs. 19 crores in the 2nd Five Year Plan for this purpose. These Centres will be in addition to about 1,000 Health Centres to be opened during the Second Five Year Plan period in Community Project Areas.

The UNICEF has agreed to provide vehicles and equipment for Health Centres upto a value of \$ 842,000.

13. Health Education

(a) THE CENTRAL HEALTH EDUCATION BUREAU.

(i) The bureau which was sanctioned in October 1955 continued to deal with the health publicity part of the health education work. The Bureau had planned to take up other important activities of health education like the testing and evaluation of materials, determining suitable methods of approach for effectively carrying on public health programmes, starting of demonstration centres for showing the efficacy of educational techniques, and assisting States in developing health education in their health directorates. The implementation of these plans was delayed due to difficulties in recruiting suitable personnel to undertake these jobs. One officer was appointed in November 1956 as Assistant Director General of Health Services (Health Education) to be in charge of the Bureau. The Health Education Adviser from the TCM continued to give assistance in this work during the year. The preparation of scripts for broadcasting through the Radio and the production of film scripts has also been taken up.

(ii) The Health Publicity Section of the Bureau undertook the preparation of Health pamphlets, folders, leaflets, posters, booklets etc. and published as a part of the regular Health Education series, 2 English and 6 Hindi folders during the year under review. So far, 35 English and 19 Hindi folders have been brought out on various Health subjects. A new series of health brochures have also been started. Under this series four brochures 2 on Malaria, one entitled "Jeevan Dan" explaining the benefits of the Contributory Health Service Scheme and one "Dental Care" have been published. A few more brochures are under preparation.

The Bureau has started publishing a monthly Health bulletin entitled "Swasth Hind" and issuing 'Health Hints' periodically for publication in the lay press.

(iii) The Film Unit of the Bureau has now 300 films and 51 filmstrips. These films were loaned during the year on more than 1000 occasions for exhibition to about 6 lakhs persons. Some of the films which have become old and unserviceable, are proposed to be replaced by purchasing new prints. Steps have also been taken to produce films on 'Fly Control' and 'Health Education Methods.' The former is now in the process of production by the Films Division of the Ministry of Information and Broadcasting and the Bureau is providing technical guidance to the Films Division for producing the latter.

(iv) Amongst other activities, the Bureau assisted in organising and conducting a three-week seminar on "Family Planning" which included several group discussions, lectures and demonstrations. The Bureau also participated in the training of public health nurses by giving lectures and conducting discussions on health education aspects of nursing. The Bureau also took an active part in the technical discussion on 'School Health Education' at the Regional Conference of the W.H.O. The Bureau also assisted and participated in the conduct of the Social Scientists' Conference organised by the Ford Foundation and the Govt. of India.

(v) During the year 1956, several organisations including the WHO sent their fellows for observation and study of the activities and plans of the Bureau. These fellows came from Thailand, Indonesia, Australia, Netherlands and America, besides those from India.

(vi) The construction of the Building for the Central Health Education Bureau has been taken up by the Central Public Works Department. The building will have a health museum, a health education laboratory, and clinics where education techniques will be tried.

(vii) Health Education exhibits produced by the Bureau were education during the year to various official and non-official organisations in India for display in exhibitions organised by them. During the year under review, the Bureau participated in the W.H.O. Exhibition held in New Delhi in September, 1956 by organising health pavillions and stalls.

14. The Department of the Serologist and Chemical Examiner to the Government of India

The Medicolegal analysis of blood and other stains on exhibits seized in connection with the prosecution of criminal cases for the detection of the origin of blood etc. in these stains, is the principal activity of this department and is a continuation of the examinations to which these items are subjected in the first instance by Chemical Examiners in States. The results of examinations carried out by the department are used in evidence in criminal cases. The steady increase in the number of medicolegal cases referred to this department has been noticeable during the last few years. This increase has been considerable in the case of requisitions for the determination of groups in blood and semen stains. Besides these Medicolegal analyses, the department also carries out clinical and serological tests for syphilis for medical institutions under the Government of West Bengal including special tests for the examination of expectant mothers.

15. The Central Medico-Legal Advisory Committees

In consultation with State Governments, the Government of India has set up in August, 1955 a Central Medicolegal Advisory Committee to advise the Central and State Governments on matters pertaining to medicolegal procedure and practice in India and to promote the development of new and modern techniques in the field of medicolegal work. The Committee consists of 14 members including the Chairman and meets as and when required.

16. The Antigen Production Unit

In the Antigen Production Unit, which is at present housed in a portion of the premises of the Central Drugs Laboratory, Calcutta, VDRL antigen, a standardised reagent for serologic testing for syphilis, is being produced in quantities sufficient for its distribution in India. Stocks of the antigen which were imported and kept by Medical Store Depots were subjected to further serologic tests by this Unit to ensure that they were still of an acceptable standard of sensitivity and specificity. Additional requirements of the buffer Saline diluent to be used with imported antigens were also prepared by this Unit and supplied to Medical Store Depots. The W.H.O. International VD Reference Laboratory at Copenhagen, to which samples of the preparation of each lot of Cardiolipin and purified Lecithin prepared by this Unit were forwarded, have confirmed that their antigen constituents conform to the standards prescribed in the International Pharmacopoeia.

17. The Central Health Service Scheme

A Central Health Service was constituted by a resolution issued by the Ministry of Health in 1956. It is composed of all existing Class I and Class II medical posts and all such posts which may be created later under the control of the Central Government other than those under the Ministries of Railways and Defence. There are five grades in the Service. Grade I to IV are Class I and Grade V is Class II, and carry the following scales of pay: -

Grade I	. . . . .	Rs. 1600—100—2000 (Selection grade Rs. 2750/- for holder of the post of D. G. H. S. and Rs. 2000—125—2250 for officers of the Selection grade other than the D. G. H. S.)
Grade II	. . . . .	Rs. 1300—60—1600
Grade III	. . . . .	Rs. 600—40—1000—1000—1050—1050—1100—1100—1150.
Grade IV	. . . . .	Rs. 350—350—380—380—30—590—EB—30—770—40—850.
Grade V	. . . . .	Rs. 260—15—440—20—500.

The Service when fully constituted will comprise approximately 350 class I posts and about 350 class II posts. The cadre will include a deputation quota, a training reserve and a leave reserve. The

strength of the various grade will be reviewed and revised annually.

18. Full-time Teaching Units in various Non-Clinical Departments of Medical Colleges in India

At its first meeting held in 1953, the Central Council of Health recommended uniform standards of medical education and the abolition of the Licenciata Course in Medicine. In view of the deterioration in the standards of teaching that was reported to have taken place in certain institutions in India, the Council at its third meeting recommended the formation of an All-India Cadre for medical teachers in non-clinical subjects. This recommendation was circulated to the various States by the Ministry of Health, but unfortunately no agreed solution has been found. State Governments are generally averse to having such an All-India cadre. An alternative suggestion to include such posts in the deputation quota of the Central Health Service which has now been constituted has also, not been accepted by State Governments. Another alternative to give a subsidy to those State Governments who are prepared to increase the emoluments of their non-clinic teachers upto a certain minimum level, is under consideration of the Ministry of Health.

A sum of Rs. 3·5 crores has been provided in the Second Five Year Plan for this purpose.

CHAPTER III

MEDICAL RELIEF, SANITATION AND PUBLIC HEALTH IN THE CENTRALLY ADMINISTERED AREAS

With the re-organisation of States, Tripura, Manipur, Himachal Pradesh, Delhi and Andaman and Nicobar Islands have been made Union territories. Some of the important activities of these territories in the sphere of Medical and Public Health which concern the Ministry of Health are given below:—

1. Tripura

On a proposal received from the Tripura Administration, sanction was accorded to the creation of the following five posts in the Medical Department of Tripura up to the end of February, 1957 in the first instance, in the scale of pay of Rs. 350-350-380-380-30-590-EB-30-770-40-850.

- (i) Medical Officer for T.B.
- (ii) Medical Officer for Pathology.
- (iii) Medical Officer for Gynaecology.
- (iv) Medical Officer for Eye, Ear, Nose and Throat.
- (v) Medical Officer for Dermatology and Leprosy.

The following are some of the important schemes included in the Second Five Year Plan of Tripura.

Particulars of the Scheme	Estimated cost (in Rs. lakhs)
1 Expansion of Administrative facilities in the Health Department .	2.00
2 Education and training	2.19
3 Hospitals, Dispensaries and Health Centres	37.00
4 Control of Diseases	25.00
5 School Health Service	1.00
6 Health Education and Publicity	1.00
7 Water Supply and Sanitation	10.00

During 1957-58, the Administration intend to complete the construction of a building for the treatment of V.D. and Leprosy patients in the V.M. Hospital, Agartala.

2. Manipur

The following are some of the important schemes included in the second Five Year Plan of Manipur—

Particulars of the Schemes,		Estimated Cost (in Rs. lakhs)
1	Vital Statistics Scheme	0.74
2	New Buildings for Hospitals	5.69
3	Anti-Tuberculosis Scheme	3.03
4	Opening of V. D. Clinics	0.85
5	Opening of Maternity and Child Welfare Centres	1.720
6	Anti-Malaria work	12.02
7	School Health Service	0.20

During the year 1957-58, the Administration propose to complete the construction of (i) a 50-bedded ward in the Civil Hospital, Imphal; (ii) an operation theatre and a 100-bedded ward in the T.B. Hospital at Imphal and (iii) T.B. Clinics at Imphal.

3. Himachal Pradesh

The following are some of the important schemes included in the second Five Year Plan of the Himachal Pradesh:—

Particulars of the Schemes		Estimated Cost (in Rs. lakhs)
1	Education and Training	7.71
2	Hospitals, Dispensaries and Health Units	30.31
3	Control of Diseases	21.89
4	Indigenous Systems of Medicine	8.85
5	Maternity and Child Welfare	5.41
6	Family Planning	2.56

During 1957-58 the following constructions are proposed to be completed:—(i) the building of the maternity and child welfare centre and its staff quarters at Berthin, Tissa, Chowari and Bhardpur; (ii) the buildings of the Health centre and staff quarters at Ghumarwin, Karsog, and Paonta; (iii) the Ayurvedic dispensary building with staff quarters at Bhararu, Rewalsar, Pangna, Dharampur and Urla and (iv) Dental clinics at Snowdon.

4. Delhi

The following are some of the important schemes included in the second Five Year Plan of Delhi:—

Particulars of the Schemes		Estimated Cost (in Rs. lakhs)
1	Expansion of the Irwin Hospital	18.86
2	Construction of the Shahdara Hospital	13.28
3	Construction of a Mental Hospital	16.43
4	Expansion of the O. P. Deptt. in the Irwin Hospital	11.90

Particulars of the Schemes	Estimated Cost (in Rs. lakhs)
5 Construction of Leprosy Hospital	2.87
6 Expansion of the Hindu Rao Hospital	14.50
7 Construction of the Kishan Ganj Hospital	23.50
8 Establishment of 4 New Health Centres	8.16

During 1957-58, the Delhi Administration propose to start the construction of buildings for T.B. Clinics.

5. Andaman and Nicobar Islands

The following are some of the important schemes included in the second Five Year Plan :—

Particulars of the Schemes	Estimated Cost (in Rs. lakhs)
1 Colonisation Scheme	3.0
2 V. D. Treatment scheme in Nicobar	0.76
3 Maternity and Child Welfare Centre	0.87
4 Construction of the Car Nicobar Hospital	2.54
5 Construction of the Mayabunder Hospital	5.42
6 Construction of a T. B. Hospital and a T. B. Clinic at Port Blair	3.64

During 1957-58, the Administration propose to complete the construction of 2 dispensaries at Mus and Arong at Car Nicobar.

6. The Civil Hospital, Kohima

The Government of India as in previous years paid a contribution of Rs. 75,000 to the State Government of Assam towards the maintenance of the Civil Hospital at Kohima in furtherance of the decision to continue the grant for a further period of three years from the year 1955-56.

CHAPTER IV

TRAINING, EDUCATION AND RESEARCH ACTIVITIES AND SCHEMES

1. The Upgrading of Certain Departments of Medical Colleges and Research Institutions

Post-graduate training of doctors is necessary to make them fit for teaching and research work. The scheme for the upgrading of certain departments in Medical Colleges and Research Institutions in the country was started in 1948 for developing facilities in the country for such training. The following institutions have been upgraded so far and facilities have been provided therein for training as follows:—

<i>Name of Upgraded Department</i>	<i>Course of Training</i>
1 Institute of Obstetrics and Gynaecology, Government Hospital for Women and Children, Madras.	D.G.O.
2 Institute of Venereology, Government General Hospital, Madras.	D. V.
3 Institute of Anatomy, Stanley Medical College, Madras .	M. Sc. & Ph. D.
4 All India Institute of Mental Health, Bangalore . . .	D.P.M.
5 Indian Cancer Research Centre, Bombay	Research in Clinical Work.
6 Vallabhbhai Patel Chest Institute, Delhi University, Delhi.	D.T.D. Research
7 Thoracic Surgery Unit, Christian Medical College, Vellore.	Thoracic Surgery

The upgrading of the Physiology Department, Prince of Wales Medical College, Patna, was also sanctioned.

The number of candidates who availed of the facilities offered in these up graded departments during 1955-56 and 1956-57 are:—

<i>Course</i>	<i>Number of candidates trained</i>	
	1955-56	1956-57
1 D. G. O.	22	22
2 D. V.	4	9
3 Anatomy	4	4
4 D. T. D.	2	2
5 M. D. (Midwifery)	5	5
6 D. P. M.	12	12
7 D. M. P.	10	12
	59	66

The upgrading of the undermentioned Departments was sanctioned during the year 1956-57:—

- (i) Pediatrics Department, Government General Hospital, Madras.
- (ii) Barnard Institute of Radiology, Government General Hospital, Madras.
- (iii) Pathology Department, Andhra Medical College, Visakhapatnam.

A provision of Rs. 25·0 lakhs has been made in the Second Five Year Plan for the Upgrading of Departments in Medical Colleges.

2. The establishment of Departments of Social and Preventive Medicine in Medical Colleges

A scheme for the establishment of Departments of Social and Preventive Medicine in Medical Colleges was started during the year 1954-55 under the First Five Year Plan. Such Departments have been established in 10 Medical Colleges so far.

2. A provision of Rs. 25 lakhs has been included in the 2nd Five Year Plan under the Scheme for meeting the Government of India's share of expenditure on the establishment of these Departments.

3. The following Medical Colleges have started such Departments under the Scheme:—

- 1. The Gajra Raja Medical College, Gwalior.
- 2. The Medical College, Dibrugarh.
- 3. The Andhra Medical College, Visakhapatnam.
- 4. The Medical College, Trivandrum.
- 5. The Darbhanga Medical College, Laheriasera.
- 6. The Medical College, Nagpur.
- 7. The Madras Medical College, Madras.
- 8. The Sawai Man Singh Medical College, Jaipur.
- 9. The S.C.B. Medical College, Cuttack.
- 10. The Medical College, Calcutta.

4. The establishment of the Department of Social and Preventive Medicine at the King George Medical College, Lucknow, from the year 1957-58 has also been approved.

5. Five selected medical men have been sent under the W.H.O. Fellowship Scheme to Harvard for training in modern methods of teaching Preventive Medicine.

6. Two W.H.O. experts in the subject are engaged in organising the Preventive Medicine Department of the Assam Medical College, Dibrugarh, and the Medical College, Nagpur.

3. All India Institute of Medical Schemes, New Delhi

The All India Institute of Medical Sciences Act, 1956 (25 of 1956) which was passed by Parliament in May, 1956, was brought into force with effect from the 15th November, 1956, from which date the Institute became an autonomous Institution. In pursuance of Section 4 of the Act, the Institute was constituted as follows with Rajkumari Amrit Kaur, as its President:—

- | | |
|--|--|
| 1. Rajkumari Amrit Kaur | |
| 2. Dr. A. Lakshmanaswami Mudaliar, Vice-Chancellor, University of Madras. | } Nominated by the Central Government. |
| 3. Dr. Jivraj N. Mehta, Minister for Finance, Bombay | |
| 4. Dr. C. G. Pandit Secretary, Indian Council of Medical Research | |
| 5. Dr. P. Sen, Professor of Entomology, School of Tropical Medicine, Chittaranjan Avenue, Calcutta. | |
| 6. Dr. M. V. Gangadhara Siva, M.P. | } Representatives of Lok Sabha. |
| 7. Dr. Jayantilal Narbheram Parekh, M. P. | |
| 8. Dr. M. D. D. Gilder, M. P. | Representative of Rajya Sabha. |
| 9. Vice-Chancellor of the Delhi University | } Ex-Officio. |
| 10. Director General of Health Services | |
| 11. Shri K. L. Ghei, Joint Secretary, Ministry of Finance, Government of India. | } Nominated by the Central Government. |
| 12. Shri G. K. Chandiramani, Special Officer, Technical Education, Ministry of Education, Government of India. | |
| 13. Dr. Dukhan Ram, Head of the Department of Ophthalmology and Otorhine Laryngology, Patna University, Patna. | } Representative of Medical Faculties. |
| 14. Dr. T. K. Raman, Principal and Professor of Medicine, Medical College, Trivandrum | |
| 15. Lt. Col. Amir Chand, I.M.S. (Retd.) 12, Curzon Road, New Delhi. | |
| 16. Dr. R. M. Kasliwal, Principal and Professor of Medicine, S.M.S., Medical College, Jaipur. | |
| 17. The Director of the Institute | Ex-officio. |

Two hostels for students have been completed and six hostels are under construction. 628 staff quarters have been completed and 229 more are under construction.

The first phase of construction of the preclinical block of the Institute and service buildings, viz. the workshop, gas plants and 11 M of health

garages, is in progress. The second phase consisting of Block, Assembly Hall, Museum and Library and the consisting of the Out-patient Department and the Ward will be taken up during 1957-58.

The Under-Graduate teaching of Medical students from the 23th September, 1956 with 50 students including students and 10 belonging to Scheduled Castes and backward communities. These students were admitted on the basis of a competitive examination held in 5 different centres in the country.

Apparatus and equipment worth Rs. 3.7 lakhs have been purchased and orders to the extent of Rs. 7.8 lakhs have been placed. D.G. S. & D.

A Post-Graduate Training Course in the Department of Pediatrics of 2 years' duration was started with effect from April, 1956, and is being held temporarily in the Safdarjung Hospital pending the completion of the main Institute building.

1. The Lady Hardinge Medical College and Hospital, Delhi

The number of annual admissions to the College has increased from 50 to 60 with effect from the session which commenced 1st August, 1956.

The number of Final year M.B.B.S. students who passed from the College in 1956 was 31 (9 in April, 1956 and 22 in May, 1956).

For enabling students of the College to have clinical facilities for such training of one unit in Surgery and one unit in Medicine are being provided in the Hospital. A Professor in Clinical Surgery has already been appointed and a Professor in Clinical Medicine has been selected to conduct the training at the Hospital.

The following fellowships were awarded for postgraduate training to the members of the staff of the Lady Hardinge Medical College who were all ex-students of the college:—

1955-56 I.C.M.R. Fellowships

Birla Education Trust Fellowship

1956-57 I.C.M.R. Fellowships

Nuffield Fellowship

A provision of Rs. 55 lakhs has been made for the expansion of the institution during the Second Five Year Plan period. The total number of beds in the hospital is 367.

The number of in-patients and out-patients treated during 1956 was 16,536 and 1,07,558 respectively as against 1,04,758 during the previous year. The maternity



with in 1956 were 7,559 in-patients and 31,507 out-patients as against 10,224 in-patients and 44,628 out-patients during 1955. 4,615 babies were born in the Hospital during 1956 as against 4,197 during the previous year.

The budget provision for the year 1956-57 for civil works of the College was Rs. 1.5 lakhs. A provision of Rs. 22.5 lakhs was made in the budget of the Ministry for payment as grant-in-aid to the institution during 1956-57.

The new students' hostel for accommodating 100 additional students has been constructed. The Pathology and Bacteriology Block has been completed and steps have been taken for the purchase of additional equipment for this Block. The following other important constructions have already been completed or are nearing completion:—

1. The V.D. Block.
2. 36 additional quarters for House Surgeons.
3. 12 Class I and Class II Officers' Flats.
4. Dissection Room & Wash Room.
5. Four flats for Class I Officers.
6. Extension of the O.P.D. Block, Isolation Ward and Blood Bank.
7. Physiology and Pharmacology Block.

Funds have been sanctioned for the following buildings, which are likely to be ready by the end of 1957-58.

- (1) Two flats for Class I Officers.
- (2) Lecture Theatre.
- (3) Sterilisation Room.

Increased training facilities for nurses were first provided in August, 1953 at the Lady Hardinge Medical College and Hospital, New Delhi, under a central Scheme included in the First Five Year Plan. These facilities were continued during 1956-57 by the hospital. There are at present 35 student nurses under training at the hospital.

5. The Kalavati Saran Children's Hospital, New Delhi.

The Kalavati Saran Children's Hospital in New Delhi was opened by Lady Mountbatten on the 17th March, 1956. The management of the institution is vested in a Board of Management appointed by the Government of India.

The Hospital handles cases of all branches of Paediatrics and provides modern facilities including X-Ray and laboratory for the

diagnosis and treatment. It works in close association with the Lady Hardinge Medical College and Hospital, New Delhi.

The non-infectious ward of the Children's Hospital commenced functioning in April, 1956 and the out-patient department and the infectious ward in June, 1956. Upto October 1956, 6,000 patients were treated in the O.P.D. and 366 in the in-patient departments of the Hospital. The bed strength of the Hospital is 50.

Besides the treatment of children, the institution also undertakes the teaching of students of the Lady Hardinge Medical College by imparting lectures in Paediatrics. Weekly lectures are also arranged in this hospital for Nurses and Public Health Visitors.

The institution has obtained the services of eleven Russian experts, including one Paediatric Surgeon, 2 Paediatricians, 2 Physiotherapists, 1 Physiologist, and 1 X-Ray Technician, who are attached to this institution, in addition to the Indian doctors. These experts are engaged in organising the departments of Orthopaedic Surgery, Neuropathology, Physiotherapy and Physiology in the institution. The in-door patients are directly in their charge.

The institution also obtained considerable equipment from the U.S.S.R. Various researches have been taken in hand under the guidance of the Russian experts. Besides organising the Kalavati Saran Children's Hospital as a model children's hospital in India, efforts are being made with the help of the Russian experts for developing this Hospital as a centre for specialised training of Indian doctors in all branches of Paediatrics.

The Government of India have provided necessary funds for the construction of a separate kitchen and 18 servants' quarters for the Hospital. It is further proposed to build quarters for nurses, registrars and house surgeons.

6. The Vallabhbhai Patel Chest Institute, Delhi

With the financial assistance of the Government of India, the Vallabhbhai Patel Chest Institute was established in Delhi under the Delhi University. The Institute is engaged in research in Tuberculosis and gives specialised training in this subject and other chest diseases, leading to the award of a Diploma in Tubercular Diseases. Non-recurring grants of Rs. 16,65,000 and recurring grants totalling Rs. 6,30,776-4-0 have so far been paid by the Government of India to the University for this Institute besides equipment worth Rs. 1,58,546 received under the Colombo Plan. Dr. Hans P. Smethana (Consultant in Pathology), Dr. Richard L. Riley (Cardio Respiratory Pathologist) and Mrs. Allean G. Sevier (Histo-Chemical Laboratory Technician) deputed by the Technical Cooperation Mission authorities are now working in the Institute.

The number of doctors who received the D.T.D. diploma during the period 1947—56 was 137 including 11 during 1956 and 13 doctors are now receiving training at the Institute.

7. The College of Nursing, New Delhi

(a) The College of Nursing, New Delhi, was established in 1946 by the Government of India. During 1956, 18 students passed the final B.Sc. (Hons.) in Nursing Examination of the University of Delhi and 18 students passed the Post-certificate Nursing Administration and Teaching Course Examination. 26 students for the B.Sc. (Hons.) in Nursing Course and 23 students for the Post-certificate courses in Teaching and Nursing Administration were admitted in 1956. During the year, the College started a Post-certificate Midwife Tutors Course with the assistance from the World Health Organisation. 10 students were admitted for this course. A one-month Refresher Course for Midwives was given to 20 Midwives who came from all over India.

The number of students in the College of Nursing is at present 122, i.e., 89 for the B.Sc. (Hons.) in Nursing Course, 23 for the post-certificates Course in Teaching and Nursing Administration and 10 for the Midwife Tutors Course.

The College obtained additional hostel accommodation on Curzon Road, New Delhi, in the premises where the Y.W.C.A. hostel was housed previously. This hostel now accommodates some of the staff members and all the Post-certificate students.

(b) A Child Guidance Clinic was started at the College of Nursing in March, 1955, and upto January 1956, 260 children were treated. The Clinic has been holding regular case conferences for senior students of the College and the Public Health Staff as a part of their training curriculum, and it has also been re-organised as a training centre for those students of the Delhi University School of Social Work who are specialising in Child Welfare Services.

8. The Lady Reading Health School and Ramchand Lohia Infant Welfare Centre, New Delhi.

The Lady Reading Health School and Ramchand Lohia Infant Welfare Centre, Delhi, trained 34 Health Visitors during the year 1956 (9 in the April, 1956 session and 25 in the October, 1956, session). 9 new candidates were admitted in April, and 7 in October, 1956 sessions. 45 candidates (24 in October, 1954 and 21 in April, 1955 sessions) admitted to the integrated course, completed their Midwifery Training and were admitted to the Health Visitors Training Course for a period of one year. 45 candidates (21 in April 1956 and 24 in October, 1956) were admitted to the integrated course.

As envisaged under the expansion scheme, one sister tutor, two health visitors, one part-time doctor and some additional staff were appointed. Both the newly constructed wings of the school have been equipped. Under the expansion scheme of this institution, 300 Health Visitors are required to be trained during the Second Five Year Plan period.

9 The Malaria Institute of India, Delhi

(a) The functions of the Malaria Institute of India principally are training and research on the different aspects of Malaria and Filaria. The Institute also collects statistics relating to these diseases and exercises supervision over the Central programmes for the control of Malaria and Filaria.

The following courses of training are held at this Institute each year.

Name of the course	Minimum Educational qualification for admission	Duration of the course	Frequency
1. Advanced course in Malariaology for medical officers	Medical graduates or licentiates with some experience in Malaria work.	12 weeks	Once a year. (Feb.-April).
2. Malaria course for Engineers.	A degree or diploma in engineering.	10 days	Once a year (Oct. or November).
3. Malaria course for inspectors.	Matriculation, preference being given to qualified sanitary inspectors.	4 weeks	3-4 courses a year according to demand from nominating authorities.
4. Advanced course in medical entomology	B. Sc. (Hons.) or M. Sc. Zoology or Medical or science graduates with experience of not less than three years in entomological work	12 weeks	During winter between January and Sept.-
5. Course in Filariology for Medical Officers	Medical Graduates.	6 weeks	2-3 courses according to demand.
6. Filaria course for inspectors.	Matriculation, preference being given to qualified sanitary inspectors	4 weeks	Do.

The number of students is limited to 30 per course. Admission to all the courses is normally restricted to nominees of States, Municipalities, Railways, Defence Services, World Health Organisation, South Asia Region and the Technical Cooperation Assistance. Limited hostel accommodation is also made available in the premises of the Institute.

The number of persons trained upto the end of December, 1956 is as follows:—

	Number of persons trained
Medical Officers including entomologists	42
Inspectors	137
Advanced course in medical entomology	10
Special course for M E (PH) students from All India Instt. of Hygiene & Public Health, Calcutta	16
Special course in Malariology for Controllers from Indonesia	11
Filaria course for Inspectors	20
Course of Malaria Engineers	9
TOTAL	245

Out of the 42 medical officers trained two were from Thailand and two were from Burma.

Besides the training courses mentioned above, specialised training course in Malariology was arranged for the candidates each from Ethiopia, Nepal and Indonesia and one from Afghanistan at this institute during the year.

(b) *Research*.—Laboratory as well as field research activities in malaria, epidemiology, parasitology, entomology, chemotherapy, control of insecticides and their formulations are regularly carried out at the Institute. From time to time, results of the Research activities are published in scientific journals. A separate Filariasis section has also been established at the Institute to study the epidemiology of these diseases in the country. At the instance of the Indian Council of Medical Research, a scheme for the research on Guinea Worms has also been drawn up and will be started shortly in the Institute.

Antimalaria operations are carried out in Delhi, under the control of the Director of the Institute. The operations have been highly successful and have reduced the incidence of Malaria from 12.53 per cent in 1936 to 0.12 per cent in 1955.

(c) *The programme of work for 1957-58*.—Laboratory as well as field research activities on various aspects of Malaria and Filaria will be continued as hitherto.

10. The National Malaria Control Programme

The National Malaria Control Programme started in 1953-54 under the Indo-U.S. Agreement and has succeeded in reducing the incidence of Malaria in the country to a considerable extent. The measures adopted consist of residual indoor spraying of houses with

D.D.T. and the treatment of malaria cases in order to reduce the reservoirs of infection. The assistance provided by the Technical Cooperation Mission in the form of D.D.T., equipment and transport, is being received by the Government of India and supplied to the participating States, free of cost. State Governments are also being given grants-in-aid by the Central Government to cover the cost of customs duty in respect of imported supplies.

It has been decided that this programme should be continued during the Second Five Year Plan and also intensified by raising the number of units from 162 to 200, with a view to providing protection to about 200 million people living in malarious areas. It has also been decided that the active operational phase of each unit should be increased from 3 years to 5 years before the maintenance phase starts. A sum of Rs. 27 crores has been included in the 2nd Five Year Plan, (Rs. 14 crores in the Central Plan and Rs. 13 crores in States Plan), for the programme.

At the beginning of the year 1956-57 out of 162 Malaria control units allotted, only 133½ units were actually functioning. 38 additional units have been allotted during 1956-57. The number of control units allotted to various States and the number of units that has actually started functioning is given below:—

State	No. of units allotted	No. of units functioning (upto October 1956)
1. Andhra	9.00	5
2. Assam	9.00	5
3. Bihar	20.00	16
4. Bombay	28.50	28.50
5. Madhya Pradesh	22.50	17.50
6. Madras	3.70	2.20
7. Orissa	10.50	5
8. Punjab	9.00	9
9. Uttar Pradesh	25.00	16
10. West Bengal	23.00	17
11. Mysore	14.63	12.63
12. Rajasthan	8.67	2.67
13. Kerala	2.50	2.50
14. Delhi	2.00	2.00
15. Himachal Pradesh	1.25	1.25
16. Manipur	2.00	1.00
17. Tripura	1.00	1.00
18. Jammu & Kashmir	1.00	1.00
19. Coalfields	1.00	1.00
20. Sikkim	0.50	.50
21. North East Frontier Agency	0.25	.25
TOTAL	200.00	147.00

The U.S. Technical Cooperation Mission by agreement with the Government of India undertook to provide assistance to the extent of 7 million dollars during the year 1956-57 for supply of insecticides, transport, equipment and anti-malaria drugs.

A Committee of Expert Malariologists was appointed in July 1956 to make recommendations regarding the pattern of the maintenance phase under the National Malaria Control Programme. The Committee submitted its report in August 1956. The Report shows that the Malaria Control Programme has been very successful. The Committee visited Kanara District where the programme has been in operation since 1946. The results of the work done will be apparent from the following tables showing the childhood spleen and infant mortality rates.

A. Pre-Malaria Control Data.

Year	Spleen rate	Parasite rate per cent.	Infant Parasite rate per cent
1942	75.0	Approx. 21.6	15.2
1943	Do.	..	—
1944	Do.	..	22.25
1945	Do.	12.5—40.0	32.3

B. Post Control data.

1946	72.2	..	..
1947	14.4	3.8	0.8
1948	11.6	2.7	0.4
1949	7.1	2.1	0.8
1950	3.7	0.1	0.0
1951	0.9	0.0	..
1952	0.3	0.0	0.0
1953	0.2	..	..
1954	0.0	0.0	0.0
1955	0.0	0.0	0.0

Similarly in respect of five taluks of the Shimoga District in Mysore State where the Malaria Control Programme has been in operation since 1949, the Committee has given the following figures regarding child spleen rates for the last three years.

	1953	1954	1955
Hosannagar	4.6%	4.2%	0.14%
Sagar	1.43	0.16	0.03
Thirthahalli	1.2	0.8	0.2
Shikaripur	2.4	0.7	1.5
Sorah	1.3	0.5	0.0

The spleen rate before the commencement of the Control Programme ranged from 35 to 78 per cent in these taluks.

The Committee has also furnished the following figures in respect of the Wynead Taluk and the Nilambur Taluk of Malabar District as illustrative of the success of the Malaria Control Programme:

Wynead Taluk

Population benefited by residual DDT Spraying			2,08,000	
Population under protection since 1949	.	.	1,80,000	
		Spleen rate	Parasite rate	Infant parasite ₁
Pre-control	.	.	.	.
1953	.	.	.	.
1954	.	.	.	.
1955	.	.	.	.

Nilambur Taluk

Population under protection	.	.	.	.	.	.	1,50,000		
						Spleen rate	Parasite rate	Infonitzan parasite	
Pre-control	.	.	.	.	.	.	25.2	2.9	0.7
1953	.	.	.	.	.	.	9.1	2.8	1.4
1954	.	.	.	.	.	.	4.9	2.1	0.4
1955	.	.	.	.	.	.	2.5	0.0	0.0

At the meeting of the 9th session of the Regional Committee of the World Health Organisation for the South East Asia Region, held in New Delhi in September, 1956, the question of eradication of Malaria was discussed in detail and in pursuance of the resolution passed by the Committee, proposals regarding the complete eradication of malaria in India are under consideration of the Government of India.

11. The National Filaria Control Programme.

The National Filaria Control Programme was started in 1954-55. The measures for the control of filariasis under the National Filaria Control Programme consist of (a) mass administration of drug to as far as possible all the individuals in a filarious community and (b) antimosquito measures against adults and/or larvae dependant on the rural/urban nature of the living conditions. The object of mass treatment is to eliminate or reduce the circulating embryos of filarial worm in the individuals with a view to cutting out or reducing the quantum of infection the mosquitoes can transmit to others in the community. The measure consists of a 5-day course of treatment to all the residents in the area under control, under the supervision of the medical staff of the unit.

The assistance provided by the Technical Co-operation Mission in the shape of supplies of insecticides, transport is being received by the Government of India and supplied to the participating States

free of cost. The State Governments are also being given grants-in-aid by the Central Government to cover the cost of customs duty in respect of Hetrazan and Dieldrin which are imported under the Programme. The Central Government also bear the cost of augmenting the staff of the Malaria Institute of India for training, co-ordination and assessment. During the year 1955-56 13 Control Units and 22 survey Units were allotted to different States. A rapid survey by the Survey Units is in progress in all the participating States excepting West Bengal. Filaria Survey carried out so far have covered a population of 8 million in areas expected to be endemic in various parts of the country. These surveys have also revealed a number of new areas of infection where the disease had not been noticed in any appreciable form previously. The population requiring protection in the country would, therefore, appear to exceed the present estimation of 25 million. It has been decided that the National Filaria Control Programme should be continued during the Second Five Year Plan and also intensified by raising the number of Control Units from 13 to 78.

During the year 1956-57 13 Control Units have been sanctioned to the participating States. These Control Units will function in addition to the 13 Control Units already allotted during the previous years. During 1957-58 20 Control Units are proposed to be started. A sum of Rs. 9 crores for this programme during the Second Five Year Plan has been approved by the Planning Commission out of which Rs. 6 crores will be borne by the Central Government and Rs. 3 crores by the State Governments. The number of Control Units allotted to the participating States and the number of Control Units that has actually started functioning is given below:—

Name of the State	Number of Units allotted	Number of Units started functioning
Andhra . . .	2	2
Bihar	4	2
Bombay	4	3
Madhya Pradesh . . .	1	.
Madras	2	
Orissa	5	1
Kerala	3 ³ / ₈	1 ³ / ₈
Uttar Pradesh	3	1
West Bengal	1	
Mysore	2 ¹ / ₅	

According to the agreement entered into between the United States Technical Cooperation Mission and the Government of India the former agreed to provide assistance to the tune of \$ 6,82,700 during the year 1956-57 in the shape of supplies of insecticides and transport for 13 continuing units and 13 new units only.

12. The Anti-Tuberculosis Programme

(a) *The BCG Vaccination Programme.*—The BCG Vaccination Programme was started in India in 1948 with the help of the International Tuberculosis Campaign and later of the WHO and the UNICEF. Although originally confined to school going children it was later extended on a mass scale so as to cover the young and susceptible population estimated to be about 170 lakhs. The mass BCG Programme is in progress at present in all the States and Union territories excepting the Andaman Nicobar and Laccadive islands. 85,764,835 persons were tuberculin tested and, out of them 29,906,023 were vaccinated upto the end of February 1957. The number of technician teams working in the field at present is 130, each consisting of one doctor and six technicians.

The Central BCG Organisation has been assisting State Governments in the organisation and co-ordination of the BCG Vaccination programme. It continued to supply statistical and publicity material, films on BCG, film strips, pamphlets and other literature on tuberculosis to State Governments, free of cost. A sum of Rs. 2,03,100 was provided in the budget for 1956-57 on account of the Central BCG Organisation and the BCG Laboratory at Guindy. The UNICEF has been supplying public address equipment, vehicles and vaccination kits for the campaign and the total allocation on this account is \$ 1.43 million.

(b) *The BCG Vaccine Laboratory, Guindy.*—The BCG Vaccine Laboratory Guindy was started by the Government of India in 1948 for preparing and supplying tuberculin and BCG vaccine for use in India, as well as certain other countries in the South East Asia Region, like Malaya, Singapore, Burma and Ceylon. During the year upto the end of February, 1957, 5,250,800 c.cs of Tuberculin and 2,216,267 c.cs. of BCG Vaccine were supplied to indentors in India and 348,500 c.cs. of Tuberculin and 951,145 c.cs. of B.C.G. Vaccine to foreign countries. Owing to an increase in the activities of the Laboratory, a new and larger building has been constructed for the Laboratory. A sum of Rs. 1,47,600 was provided with budget for the running expenses of the Laboratory for the year 1956-57. The Government of India have also decided to instal a special plant in the laboratory for the manufacture of dry-freeze B.C.G. Vaccine at a cost of Rs. 3 lakhs.

(c) *Tuberculosis Demonstration and Training Centres.*—The Tuberculosis Demonstration and Training centres at New Delhi, Patna and Trivandrum, established earlier with the assistance of WHO/UNICEF continued to function. Two additional TB Demonstration centres, at Madras and Nagpur were established during the

year with the assistance of the WHO. It is proposed to set up 3 more centres during 1957-58.

(d) *The Tuberculosis Hospital at Mehrauli*.—The bed strength of the Lala Ram Swarup Tuberculosis Hospital at Mehrauli (Delhi) was increased during the year from 100 to 254 out of these beds 54 are meant exclusively for the treatment of tuberculosis children. The entire estimated recurring expenditure of Rs. 5.13 lakhs on the hospital during 1957-58 will be met by the Government of India. In addition, the establishment of a 52 bedded ward at an estimated cost of Rs. 2,16,468 in this hospital for the isolation of advanced T.B. cases has been sanctioned.

(e) *The Union Mission Sanatorium, Madanapalle*.—The 76 bedded Children's Hospital and the Thoracic Surgery Centre at the UMT Sanatorium, Madanapalle, which were completed during the previous year, started working in 1956-57. The entire non-recurring expenditure and 50% of the recurring expenditure of these institutions are to be met by the Government of India, as the Centre is engaged in the training, in tuberculosis, of Indian doctors and technicians and in developing techniques for field studies on tuberculosis all over the country. Every Year, 1012 doctors and 15-18 technicians are trained at this institution.

(f) *Research in Tuberculosis*.—(i) The Tuberculosis Control Field Research Programme at Madanapalle continued to be in operation throughout the year 1956. It is expected to be completed by 1959.

(ii) *BCG Assessment Schemes*.—The BCG Assessment work which was started by a WHO/TRO team in 1954, was taken over by a national team appointed by the I.C.M.R. in July 1955. This is a long-term programme and the work done is periodically reviewed by the Tuberculosis Sub-Committee of the I.C.M.R.

(iii) *Tuberculosis Survey Scheme*.—An important countrywide Tuberculosis survey was started in September 1955 to determine the incidence of tuberculosis in the country by X-raying population in selected areas on a sampling basis. The Government of India sanctioned a sum of Rs. 6,00,000 for this scheme to be carried out under the auspices of the Indian Council of Medical Research. The following six centres which have mobile X-ray units and facilities for laboratory examination have been participating in the scheme:—

1. The New Delhi Tuberculosis Centre, New Delhi.
2. The All India Institute of Hygiene and Public Health Calcutta.
3. The Tuberculosis Centre, Patna.
4. The Tuberculosis Centre, Trivandrum.

5. The U.M.T. Sanatorium, Arogyavaram and

6. The Tuberculosis Clinic, Hyderabad.

Some of the centres started work in September, 1955 and others in 1956. The scheme is in progress.

(iv) *Tuberculosis Chemotherapy Project, Madras.*—In October, 1955, it was decided to study the role of new anti-tubercular drugs in the control of tuberculosis, by treating patients in their homes. The actual work in this research scheme, started in May, 1956 and is now being carried on under the auspices of the Indian Council of Medical Research in cooperation with WHO/BMRC and the Government of Madras. The Research project is being carried on at the Tuberculosis Demonstration and Training Centre at Madras.

(g) *Beds for Isolation.*—A scheme for the establishment of about 4000 beds, mainly for the segregation of T.B. patients living in overcrowded homes in urban areas has been included in the Second Five Year Plan. The Central Government have agreed to subsidise State Governments for establishing such beds upto Rs. 1,250 per bed. The establishment of 587 beds in the various States has been sanctioned so far.

(h) *Tuberculosis Clinics.*—T.B. Clinics are primarily diagnostic, advisory and prevention units. Because of the shortage of beds, these clinics have to undertake and develop domiciliary treatment service. It is proposed to establish or upgrade about 300 T.B. Clinics in India during the period of the Second Five Year Plan. These will include some of the existing clinics which are substandard and lack X-Ray and laboratory equipment. The Government of India propose to subsidise State Governments participating in this scheme by providing X-Ray and laboratory equipment costing upto Rs. 50,000 per clinic. Indents have been placed for the supply of 60 sets of X-Ray and 30 sets of laboratory equipment for distribution during 1956-57 and 1957-58 among the following State Governments and Administrations:—

1. Bombay.
2. Punjab
3. Madhya Pradesh
4. Rajasthan
5. Madras
6. Bihar
7. West Bengal
8. Andhra Pradesh
9. Delhi
10. Himachal Pradesh

(i) *After-care and Rehabilitation Centres for T.B. patients.*—A scheme for the establishment of After-care and Rehabilitation Centres for providing facilities for teaching T.B. patients suitable handicrafts, such as tailoring, papermaking, embroidery, soap-making, basket making etc. which can be continued by such patients in their homes, as a cottage industry, has been included in the Second Five Year Plan. A sum of Rs. 30 lakhs has been allocated to the scheme for the payment of grants to T.B. institutions for the establishment of new centres or the development of the existing centres during the Second Five Year Plan period. The scheme also envisages the payment of a stipend of upto Rs. 40 p.m. per trainee during the period of training and a rehabilitation grant of Rs. 200 per trainee to enable him to start the trade after the training is over. The cost of each centre is estimated at Rs. 3 lakhs non-recurring and Rs. 1 lakh recurring per annum. It is proposed to establish 8 centres during the period of the Second Plan. Financial assistance to the extent of 75% of the non-recurring expenditure on building and equipment and 50% of the recurring expenditure on a sliding scale will be given by the Central Government.

(j) *Relief to indigent displaced T.B. patients from West Pakistan.*—The work relating to the grant of relief to destitute T.B. patients displaced from West Pakistan was taken over by the Ministry of Health from the Ministry of Rehabilitation with effect from the 1st April, 1955. A budget provision of Rs. 8.5 lakhs was made for the year 1956-57 for the purpose. 473 free beds at a cost of Rs. 6,24,025 were reserved in the various T.B. Hospitals/Sanatoria as shown in the statement below:—

Serial No.	Name of the Hospital/Sanatoria	No. of beds reserved
PUNJAB		
1	T. B. Hospital, Chetru	100
2	Gulab Devi T. B. Hospital Jullundur	50
3	Lady Linlithgow Santatorium, Kasauli	1
4	Lady Irwain Santorium, Jubar	40
5	T. B. Hospital, Sangrur	50
6	Christian General Hospital, Palwal	10
UTTAR PRADESH		
7	Bhumiadhar Annexe Sanatorium Bhowali, (U.P.)	18
BOMBAY		
8	Central Hospital, Ulhasnagar Township, Kalyan (Bombay)	50
9	T. B. Hospital, Aundh	30
10	T. B. Hospital Bantwa /Jinthari	25
RAJASTHAN		
11	K.G.V. Sanatorium, Jaipur	15
12	T. B. Hospital, Durgapur	35
13	Madar Union Sanatorium, Madar, Ajmer	40

Grants amounting to Rs. 1,75,892 were sanctioned during the year (as shown in the statement below), for giving cash grants to indigent displaced T.B. patients:—

- (a) receiving treatment as outdoor patients;
- (b) kept on the waiting list until they are admitted to T.B. Hospital/Sanatorium for regular treatment;
- (c) needing financial assistance on any other special ground (i.e. travel expenses, etc.);
- (d) and discharged from a T.B. Hospital/Sanatorium but need financial assistance for special diet, etc.

Serial No.	Name of State	Allocation Rs.
1.	Punjab	22,000
2.	Uttar Pradesh	15,000
3.	Bombay	33,000
4.	Rajasthan	226,700
5.	Madhya Pradesh	16,000
6.	Delhi	18,000
7.	T. B. Association of India	19,000
8.	D.G.H.S. for medicines	25,000
9.	I. Ram Swarup T. B. Hospital, Mehrauli	1,192

Depending on merits of each case, the amount of cash dole to such patients varies, with a maximum of Rs. 30 p.m. for an indefinite period, subject to a periodical scrutiny of the medical report. The cash dole ceases as soon as the patient is admitted into a T.B. Dispensary, Sanatorium and during his stay there. Non-recurring grants sanctioned during the year to State Governments for the purpose connected with the treatment of T.B. patients is shown in the statement below:—

Serial No.	Name of State Govt.	Purpose	Amount (in Rs.)
1.	Punjab	For the construction of a T. B. Ward at the Gulab Devi T.B. Hospital, Jullundur.	20,000
2.	Punjab	For X-Ray Plant for the T. B. Hospital Sangrur.	5,000
3.	Bombay	For the construction of a ward at the T. B. Hospital, Jinhari.	25,000

(k) The XIVth International Tuberculosis Conference was held in New Delhi from the 7th to 11th January, 1957. 875 delegates from different countries and from India attended the Conference. Dr. P. V. Banjamin, Adviser in T.B., India was the President of this Conference.

13. Cancer Research Centres

(a) The problem of cancer is of such vast proportion that one Research Centre for the whole country is inadequate to tackle the varied problems connected with it. It is, therefore, proposed to encourage further research in cancer by utilising such institutions in the country as are already engaged in the treatment and research connected with cancer. In pursuance of this the Government of India have decided to take over the Chittaranjan National Cancer Research Centre, Calcutta, and to administer it through a Governing Board of which Dr. B. C. Roy will be the Chairman.

(b) The Indian Cancer Research Centre, Bombay which was opened in December, 1952 to provide post-graduate teaching and research in Cancer and allied subjects continued its activities during 1956-57. Three doctors are under training at present at this Centre. It is proposed to expand the Centre to provide residential accommodation for students undergoing training and for some of the staff of the Centre, and also to develop the Department of Biophysics during the Second Five Year Plan period.

(c) The Human Variation Unit which is attached to the Indian Cancer Research Centre, Bombay, was started on the 1st January, 1953, with the object of making use of the enormous diversity of the people of India to study some of the problems of human heredity. The unit has a team of five trained research workers for dealing with problems in serology, haematology, biochemistry, statistics and clinical medicine with an added emphasis on human heredity.

(d) The Scheme of taking over the Tata Memorial Hospital, Bombay has been included in the Second Five Year Plan, with a provision of Rs. 44.50 lakhs. The necessary formalities for taking over this institution have been finalised.

14. The Physiotherapy School and Centre at the K.E.M. Hospital, Bombay

A physiotherapy School and Centre to serve as an All-India Training Centres was established in 1952 at the K.E.M. Hospital, Bombay, in collaboration with the World Health Organisation. The W.H.O. awarded one fellowship in June, 1955, for higher training abroad. A gift of supplies and equipment of the approximate

value of £2,136 plus \$11,050 in addition to some medical literature, was made to the Centre by the W.H.O. in October, 1955. The recurring cost of the Centre estimated at Rs. 33,000 per annum is shared equally between the Government of India, the Government of Bombay and the Bombay Corporation.

15. The All India Institute of Hygiene and Public Health, Calcutta:

The aim of the Institute, which is to provide instruction in the methods of preventive and social medicine and for research in associated fields for the requirements of medical protection and positive health of large units of population comprising rural and urban, continued to be fulfilled during the year 1956-57. Under the M.C.H. Project, building construction programme has been completed during the year excepting the Union Health Centre at Anandanagar. This Centre is very nearly complete and is expected to start functioning from early next year.

For equipping and furnishing the Health Centres, Hostel and the staff quarters at Calcutta and Singur, the Government of India have accorded sanction for purchasing furniture and supplies at a cost of Rs. 23,325 during the year. The recruitment of staff for all the functioning centres (sanction for which was accorded during the previous years) has been and is being made on "as and when required" basis. The gazetted posts at the Urban Health Centre are being filled. The administration of these centres where necessary is being run by the existing Institute staff. During the period, equipment worth Rs. 73,712 has been received from the UNICEF. Indents for further supply of equipment at a cost of Rs. 1,25,000 has been placed with the UNICEF.

The inaugural session of the Indian Public Health Association was held at the Institute from 28th September to 1st October, 1956.

At present three members of the international staff are in position in the Institute.

The total number of students at present on the roll is 237 and this number will increase to about 330 when certain Certificate courses start in January, 1957. Of the 237 students, there are 21 students from South East Asian Countries, 14 from Burma and 3 from Indonesia, 3 from Thailand and 1 from Nepal. Out of the 21 foreign students 20 are on W.H.O. Fellowships. In addition, short term training programme has been and is being arranged for certain W.H.O. Fellows from the Middle East or the South East Asian Countries. The orientation course in Public Health started with the financial assistance given by the Ford Foundation is being continued successfully; two courses have already started and two more courses will be started during the year. 6 D.M. & C.W. and 11 Public Health

Nursing students are receiving the Fellowships, jointly sponsored by the Government of India and the UNICEF.

The Health Survey work, which is to evaluate health of the persons in the Community Project areas, has been in progress for the last two years. This work is continuing satisfactorily and is estimated to cost of Rs. 60,000 during the year. The Rural Field Study of Population Control in West Bengal which is to be financed by the Population Council, New York, at a cost of \$ 16,000 per annum has started. This scheme is likely to last for 3 years. In order to meet the initial cost of the scheme, Government of India have sanctioned a 'Grant-in-aid' amounting to Rs. 7,500 during the year.

As usual, a number of Public Health problems of importance is also being investigated with the financial assistance given by the Indian Council of Medical Research and some of which have already yielded interesting results. The monthly staff conferences at Singur, the Management Committee meetings at Cnetla and the Research Club meetings at the Institute are being held regularly to discuss the problems and plans of teaching of the various courses and the working of the Urban and Rural Practice Fields.

For the construction work under the M.C.H. project, Rs. 3,56,200 has been provided during 1956-57.

Apart from the Institute's normal teaching and research programme, a certificate course in Health Education for 3 months has been started from this year (commencing in June, 1956, and January, 1957). The proposal for instituting a diploma course in Health Education from the next academic session is also under consideration. For the implementation of Training facilities in connection with the National Water Supply and Sanitation Programme at Calcutta, detailed blue-prints of two buildings have been drawn up and submitted to the Government. These buildings will be erected by dismantling the existing servants quarters and garages in the Institute compound. The Government of India have already made a lump sum provision of Rs. 4 lakhs for this purpose during the year 1957-58.

As in the previous year, the Institute provided training facilities in the different courses of preventive and social medicine. About 237 students have been trained in these courses including 21 students from foreign countries. 17 Indian students have been awarded scholarships and fellowships during the year for undergoing training in certain courses of study offered by the Institute. The scholarships and fellowships have been jointly sponsored by the Government of India and the UNICEF.

During the year, construction of one Union Health Centre and two Sub-Centres under the M.C.H. project have been completed,

all of which have started functioning. Most of the gazetted posts attached to Institute under the Project have also been filled up. Work on Health Survey in Community Project areas, Rural Field Study of Population Control in West Bengal (under taken previously) are being continued during this year also. Besides, a number of Health problems of immense public importance has been investigated which have yielded interesting results. 8 Research Enquiries financed by the Indian Council of Medical Research are in progress during the year. Staff meetings have been held regularly to discuss the administrative, teaching programme and the working of the Urban and Rural Practice Fields.

16. The Influenza Centre, Coonoor

(a) The Influenza Centre established at the Pasteur Institute, Coonoor in 1950 with the object of international collaboration in the field of influenza, continued to collect statistical information about the incidence of clinically diagnosed influenza from several clinics in the Coonoor, Wellington and Ootacamund areas of the Nilgiri district. Laboratory studies were carried out by the Centre by isolating the virus from throat gargles of suspected patients in the district and by carrying out hæmagglutination inhibition and complement fixation tests on patients' sera sent from other areas. The strains are adapted to allantoic passage and studied for antigenic relationships with other strains.

The virus was isolated from 13 cases during the period of the disease between January and March 1956. A detailed analysis at the Centre proved the cases to be of the H₁N₁ type. The findings have been corroborated by the Virus Reference Unit, London. The value of the new strains for vaccine production is being studied.

The Government of India has sanctioned Rs. 25,000 for the year 1956-57 for this project.

(b) The Influenza Virus Vaccine Production Unit, Coonoor

The Influenza Virus Vaccine Production Unit functioning at Coonoor since October 1954 continued its studies on the preparation of infected allantoic fluids their keeping qualities under varying conditions of temperature and on treatment with different reagents and their immunizing value. New strains isolated in India in 1954 are being adapted for allantoic passage for vaccine production and testing.

A grant of Rs. 13,500 (Rs. 13,500 non-recurring and Rs. 5,000 recurring) was paid to the Centre during the year 1956-57.

17. Central Research Institute, Kasauli

The Central Research Institute, Kasauli, manufactures vaccines and sera for the use of the Army and Civil Authorities in India. Vaccines for Cholera, T.A.B., Rabies, Autovaccines, Diphtheria Toxoid and Anti-toxin, Snake Anti-venom and Tetanus Anti-toxins are the special products manufactured here. It also undertakes inspection of commercial firms manufacturing sera and vaccines on behalf of the Licensing Authority under the Drugs Act.

Enquiries on rabies and cholera financed by the Indian Council of Medical Research were continued during the year. The testing of soil bacteria for production of antibiotics was carried out, research on the improvement of TAB vaccine and other sera and toxins were continued. The following table gives the quantity of vaccines and sera manufactured and issued during the period April, 1956—October, 1956:—

Name of Vaccine	Production	Issues
T.A.B.	7,55,300 c.c.	6,27,034½ c.c.
Cholera	9,86,900 c.c.	9,79,137½ c.c.
Antirabic (Human)	2,039 flasks	26,67,401 c.c.
Antirabic (Animal)	41 flasks	51,566 c.c.
Antirabic (Dog)	3,995 c.c.	3,995 c.c.
Antivenom Resum	94,770 c.c.	9,335 tubes
Normal Horse Serum . . . . .	..	67 tubes
Tetanus Toxoid . . . . .	..	1,470 c.c.
Diphtheria Antitoxin	59,543 5 c.c.	8,210 tubes
(10,000 units).		
Curative vaccines	1,599 doses	1,599 doses
Antirabic serum	10 600 c.c.	

The Institute was also responsible for the distribution of standards and testing laboratories. In accordance with the provisions of the Drugs Act, 1940, 251 samples of biological products were tested from January, 1956 to October, 1956.

During the year 8 medical and Veterinary officers attended the course on the Diagnosis and Treatment of Rabies and one doctor received training in the manufacture of cholera vaccine for two weeks. An amount of Rs. 1.68 lakhs has been sanctioned for the purchase of equipment under the Second Five Year Plan. Orders for equipment worth approximately Rs. 68,000 have been placed and the supplies are expected during the year. It is proposed to continue manufacture of TAB, cholera and rabies vaccines and Anti-venom Serum, Tetanus Toxoid, Diphtheria Toxoid and Diphtheria

Antitoxin on a large scale as at present during 1957-58. It is expected that Antirabic Serum in sufficient quantities to meet all demands will be available soon. The Antibiotic Section having completed the tests on paper discs, impregnated with antibiotic and bactericidal drugs, will make these discs available for sale. The production of a polyvalent antivenine proposed in the year 1956-57 programme could not be implemented owing to the antigens being in short supply. The feasibility of maintaining snakes is being studied and if successful would solve the venom supply problem.

The manufacture of Yellow Fever Vaccine will be passed on to a pilot plan stage following the completion of the present experiments on the potency and keeping properties of the experimental batches.

The search for new antibiotic-producing soil-organisms will be continued. The introduction of improved methods of manufacture of bacterial vaccines (TAB and Cholera), now in progress, will be continued during the next year, since the effect of all changes on the keeping property of the vaccines will have to be further studied. The course for Diagnosis and Treatment of Rabies will be held in 1957-58 and the Institute will continue to afford training facilities to doctors and technicians. It is proposed to spend Rs. 50,000 for the purchase of equipment during 1957-58.

A site known as the E.A.S. Bangalow on which it is proposed to construct the Animal house and Serum Concentration Block has been acquired. This project is scheduled for completion during the Second Five Year Plan. The proposal for the construction of the Incubator Room has been modified and it is proposed to construct a Cold Storage Room in lieu.

18. The Virus Research Centre, Poona

The Virus Research Centre, Poona, for the study of virus infections in relation to human health in India and the S.E. Asia Region is maintained jointly by the Indian Council of Medical Research, the Rockefeller Foundation, the Government of India and the Bombay State Government.

During the year, an extensive serum collecting campaign was undertaken in the area south of the Mangalore-Bangalore-Madras line. 4,000 specimens of human sera from 17 localities were tested. Results indicate that the Japanese—B Encephalitis affected the population of two large areas of the Madras State, one including districts of Chingleput and North and South Area and the other the Cauveri Delta consisting of Salem, Coimbatore, Trichinopoly and Tanjore districts. Evidence of the recent activity of the disease was detected by the presence of cases and the existence of antibodies in

the Kolar district of Mysore. It was also apparent that the disease occurred in an epidemic form and that the causative virus, suspected to be mosquito-borne, might have been introduced from some areas in the north. Further tests are continuing. Field investigations were initiated in the Krishna Godavari Delta to determine the location of the reservoir of this virus.

The field laboratory established in Vellore in association with the Christian Medical College Hospital was fully equipped and staffed and put on a permanent basis to process field collections of mosquitoes and specimens collected from patients suffering from various illnesses for the isolation of disease-producing viruses. More than a dozen strains of the virus were isolated from these two sources.

The newly established tissue Culture Section of the Centre was utilised in attempting an isolation of the causative Virus of Infectious Hepatitis when it broke out in an epidemic form in Delhi in January, 1956.

The Government of India have agreed to a plan for the expansion of the base laboratory in Poona and for an additional staff for field operations under the Second Five Year Plan.

A training programme in virus research for medical graduates was inaugurated by the Indian Council of Medical Research.

The Virus Research Centre had also received additional capital scientific equipment, valued at about Rs. 2 lakhs as well as additional staff from the Rockefeller Foundation.

The expansion of the laboratory in Poona, the operation of field programme in widely separated areas and the expansion of training programmes have contributed to the development of the Virus Research Centre as an active and useful institution of research in Virus.

19. The Nursing Home-cum-Training Centre for Auxiliary Nurses and Midwives at Madras

On a scheme submitted by the Andhra Mahila Sabha Trust Board, Madras, the Government of India approved in 1951-52 the establishment of a Nursing Home-cum-Training Centre for Auxiliary Nurses and Midwives at Madras. Upto the end of 1955-56, the Ministry of Health paid a sum of Rs. 4,04,130 to the institution including an *ad hoc* grant of Rs. 1,25,000 during 1954-55 for the purchase of a building to accommodate nurse-pupils, auxiliary nurses and midwives on training. A grant of Rs. 15,000 to the institution was sanctioned during 1956-57.

Thirty persons have been trained so far and 60 persons are under training.

20. The Leprosy Teaching and Research Institute, Chingleput, Madras

On the recommendation of a committee appointed in November, 1948, to consider and report on steps to be taken for implementing the recommendation of the Health Survey and Development Committee in regard to the establishment of a Central Leprosy Teaching and Research Institute, the Government of India in consultation with the Government of Madras, took over the Lady Willingdon Leprosy Sanatorium, Chingleput and the Silver Jubilee, Children's Clinic at Saidapet, on the 5th January, 1955 and established the Central Leprosy Teaching and Research Institute at Chingleput in the Madras State. The Institute is under the administrative control of a Governing Body of which the Union Health Minister is the Chairman. A sum of Rs. 28.00 lakhs has been provided in the Second Five Year Plan for the expansion of the institute. A budget provision of Rs. 7.00 lakhs was made for the year 1956-57.

During the year 1956—1,505 patients were given treatment in the inpatients department and 63,561 patients attended the inpatients department for parental-treatment.

335 operations were done at the Institute.

12160 patients were treated in the outpatients Department during the year.

A Mobile Epidemiological Unit for carrying out anti-leprosy work in rural areas, in association with the Institute was inaugurated on the 19th February, 1957. A station wagon has been purchased for this Unit. 8 rural clinics have been started and 10 more are going to be opened shortly.

The Government of India have sanctioned a sum of Rs. 50,442 for the construction of an annexe consisting of a ten bedded ward, Office room, store room etc to the Silver Jubilee Children's Clinic, Saidapet. The Government of India also sanctioned a grant of Rs. 1,76,438 for the construction of a 50 bedded Tuberculosis Ward at the Central Leprosy Teaching and Research Institute.

21. Scheme for the Control of leprosy

The Scheme started during the First Five Year Plan was continued during the year under report. At present there are 4 Treat-

ment and Study Centres and 30 Subsidiary centres established in various States as follows:—

No. of Centres established

Name of the State	Treatment and study	Subsidiary
Andhra . . .		2
Assam . . .		1
Bihar . . .	..	8
Bombay . . .	..	1
Himachal Pradesh . . .		1
Hyderabad . . .	..	2
Madhya Pradesh . . .	I	4
Madras . . .	I	3
Manipur . . .	..	1
Orissa . . .		3
Saurashtra . . .	..	1
Travancore-Cochin . . .	..	2
Uttar Pradesh . . .	I	1
West Bengal . . .	I	..

The scheme has been placed under the charge of a Director, Leprosy Central Work, who is responsible for inspecting and advising on the operation of the scheme. He also ensures the co-ordination of the activities of the various centres through the State Health Directorates who are responsible for implementing the scheme.

Under the Second Five Year Plan, the amount provided for the anti-leprosy work is Rs. 409.48 lakhs in State Plans only. The programme envisages the following additional measures:—

- (1) Training of doctors and para-medical personnel with a view to making adequate personnel available for the treatment of the disease.
- (2) Establishment of 100 additional Pilot Project of the type of Subsidiary centres.
- (3) Upgrading of the existing Leprosy Clinics with a view to providing out-patient treatment on an extensive scale.
- (4) Provision of treatment facilities for leprosy patients in N.E.S. Blocks.
- (5) Upgrading of existing in-patient institutions.

The pattern of financial assistance to States for Leprosy Control Scheme is as follows:—

Non-recurring expenditure	100%
Recurring expenditure	80% for first 12 months.
	70% for next 12 months.
	50% for next 12 months.
	30% for next 12 months.
	20% for next 12 months.

A scheme for the training of sixty medical officers every year in leprosy at the School of Tropical Medicine at Calcutta has recently been sanctioned.

22. The International Leprosy Congress to be held in India in 1958

It is proposed to hold the International Leprosy Congress in India in December, 1958. An Organising Committee has been constituted to make necessary arrangements for holding the congress.

23. Training and Research in Medical Statistics

A scheme for Training and Research in Medical Statistics has been included in the Second Five Year Plan at a cost of Rs. 10 lakhs. Under the scheme, it is proposed to train 50 such statisticians during the plan period.

24. Central assistance for the development of Indigenous System of Medicine

An Adviser on Indigenous Systems of Medicine was appointed in the Ministry of Health during the year.

A provision of Rs. 100 lakhs has been made in the second Five Year Plan of the Ministry of Health, for assisting the development of Indigenous Systems of Medicine. A provision of Rs. 521.83 lakhs has also been made in State Plans for the development of Indigenous Systems of Medicine, including a sum of Rs. 221.49 lakhs for the improvement of existing colleges and the establishment of new colleges:—

Under the Scheme, Central assistance will be given:—

- (i) to meet the recurring cost of maintenance of research beds in selected institutions for approved research schemes at the rate of Rs. 2,000 per bed per annum,
 - (ii) for *ad hoc* research schemes on merits of each Scheme, and
 - (iii) for improving existing teaching institutions and for the establishment of new teaching institutions in States. Where such improvement is provided for in State Plans, the pattern of the Central assistance will be 75 per cent. of the non-recurring expenditure (including the cost of expansion of college buildings) subject to a ceiling and 50 per cent. of the recurring expenditure on the college for the period of the Second Five Year Plan.
- (a) *The Ayurvedic System of Medicine.*—Grants-in-aid amounting to Rs. 1,79,740 were sanctioned for research schemes in Ayurveda during the year to the following institutions:—

	Rs.
1. Ayurveda Mahavidyalaya, Poona	63,074
2. Indian Drugs Research Association, Poona	30,000
3. Universal Health Institute, Bombay	60,000
4. Ayurvedic Centre, Trivandrum	16,666
5. Banaras Hindu University, Banaras	10,000

An Advisory Committee has been constituted for the scrutiny of schemes of research for the grant of Central assistance and for advising Government on other schemes of development of Ayurveda. It includes among others:—

1. Capt. G. Srinivasamurti, Madras.
2. Shri Ram Prasad Sharma, Patiala.
3. Ayurvedacharya, B. V. Gokhale.
4. Vaidyaratna Kaviraj Pratap Sinha.

(b) *The Homoeopathic System of Medicine*.—Grants-in-aid totalling Rs. 2,47,910 were sanctioned for research in Homoeopathy and for the upgrad'ng of existing Homoeopathic institutions during the year as follows:—

Name of Institutions	Amount
	Rs.
1. Government Homoeopathic Hospital, Sion, Bombay .	38,020
2. The Calcutta Homoeopathic Hospital Society, Calcutta .	1,49,890
3 The Andhra Provincial Homoeopathic Medical College and Hospital, Gudivada.	20,000
4. Midnapur Homoeopathic Medical College & Hospital, Midnapur	20,000
5. D. N. De Homoeopathic Medical College and Hospital, Calcutta	20,000

A Homoeopathic Advisory Committee has been appointed to advise the Government of India on research schemes and other matters connected with Homoeopathy. It includes:—

1. Dr. J. N. Majumdar, Calcutta.
2. Dr. M. Gururaju, Gudivada (Andhra Pradesh).
3. Dr. K. G. Saxena, Delhi.
4. Dr. Diwan Jai Chand, New Delhi.
5. Dr. N. Z. Nandurkar, M.L.A., Yeotmal.

The Government of Bombay have sanctioned two training courses, viz., F.C.E.H. and L.C.E.H. at the Government Homoeopathic Hospital, Sion, Bombay. 50 per cent. of the seats at the Hospital will be set apart for nominees of the Government of India, and will be filled on an all-India basis.

(c) *Unani and Nature Cure Systems of Medicine*.—A grant-in-aid of Rs. 83,330 for researches in Unani and for 10 research beds to the Tibbia College, Aligarh, and another grant-in-aid of Rs. 1,05,000 for building and collection of manuscripts to the Tibbia College, Delhi were sanctioned during this year.

An Advisory Committee has been constituted to make an assessment of the schemes of research and development in Unani and Nature Cure systems, received by the Government of India. It includes among others:—

1. Shifa-ul-Mulk Hakim Abdul Latif, Principal and Director, Tibbia College, Aligarh.
2. Shri B. M. Sharma, Principal, Ayurvedic & Unani Tibbia College, Delhi.
3. Hakim Moinuddin Jhahhri, Osmania Tibbi College, Hyderabad.
4. Hakim B. N. Sharma, Secretary, All India Unani Tibbia Conference, New Delhi.
5. Hakim Ilyas Khan, Principal, Jammia Tibbia College, Delhi.

25. (a) Central Institute of Research in Indigenous Systems of Medicine, Jamnagar

The Central Institute of Research in Indigenous Systems of Medicine, was established at Jamnagar by the Government of India in association with the Gulab Kunwarba Ayurvedic Society in 1953. The administrative control of the Institute vests in a Governing Body whose composition is as follows:—

Chairman

1. Minister for Health, Bombay.

Vice-Chairman

2. Dr. C. G. Pandit, Director, I.C.M.R.

Members

- 3 Shri R. V. Dhulekar, President Governing Council, Ayurvedic University, Jhansi.
- 4 Dr R. P. Dube, Member of Parliament.
- 5 Dr. B. B. Yodh, Bombay.
- 6 The Principal, Post-Graduate Training Centre in Ayurveda, Jamnagar.
7. Kaviraj Pratap Sinha
8. Dr. V. Subramaniam, Trichinapalli.
9. Shri Balubhai Vaidya, Honorary Secretary, Gulab Kunwarba Ayurvedic Society, Jamnagar.
10. The Director of Indigenous Medicine, Trivandrum.
11. The Director of Health Services, Punjab.

12. The Secretary to the Government of Madhya Pradesh, Medical Deptt. Bhopal.
13. Shri Kantilal Hathi.
14. A representative of the Ministry of Finance.
15. A representative of the Ministry of Health.

Member-Secretary

16. The Director, Central Institute of Research in Indigenous Systems of Medicine, Jamnagar.

The Institute has a dual function to perform: firstly, to promote research in indigenous systems of medicine in such a manner that the best in them can be brought out which can be utilized for the benefit of humanity as a whole and without any reservation and secondly, to provide facilities for the training of workers in methods of such research.

Research policies and programmes of the Institute are formulated by a Scientific Advisory Council.

The institute is in charge of a Director. There is a 50 bedded hospital and an out-patient department, besides a pharmacy, a museum and a pathological research laboratory in the Institute. The average attendance in the out-patients' Department is 558 per day.

The Institute has undertaken the following research programmes:—

- (i) the study of Pandu Roga and disorders of the alimentary system;
- (ii) Identification of crude Ayurvedic drugs, plants and herbs; cultivation of medicinal herbs, etc.

In addition to the Ayurvedic and Modern Section, a new unit "Siddha" Unit was started during the year 1956-57.

A budget provision of Rs. 4.00 lakhs was made during 1956-57 and the amount was paid to the Institute as grant-in-aid.

25 (b) The Post Graduate Training Centre in Ayurveda, Jamnagar

The Government of India established in July, 1956 a Post-Graduate Training Centre in Ayurveda at Jamnagar in collaboration with the Government of Saurashtra and the Gulab Kunwarba Ayurvedic Society, Jamnagar. The administrative control of the Centre vests in a Governing Body whose constitution is the same as that of the Central Institute of Research in Indigenous Systems of Medicine, Jamnagar. 25 students selected on an all-India basis were admitted for post-graduate training in Ayurveda at this centre for a

2-years course. Each student is given a stipend of Rs. 100 per month and is accommodated in the attached hostel.

The Centre has got a pharmacy, a library, a museum and a 50 bedded hospital, and is located in the building provided for the purpose by the Gulab Kunwarba Ayurvedic Society. 50 per cent. of the expenditure on the hospital is provided by the State Government subject to a maximum of Rs. 1,50,000 per year.

A sum of Rs. 1 lakh was paid to the Centre by the Government of India during 1956-57. The proposal for the purchase of buildings for the hospital and other needs of the Post Graduate Training Centre from the Government of Bombay at an estimated cost of about Rs. 4,28,000 has been taken up with the State Government.

Another batch of 25 students is proposed to be admitted in 1957-58.

26. Training of Health Personnel for Community Development Programme

(A) *Health visitors*.—A centrally assisted scheme for the training of Health Visitors for rural areas under the Community Projects was started in 1954-55 at 8 Health Schools in various States and at the Lady Reading Health School, Delhi. The training course was of two kinds, one lasting for 1½ years for Health Visitors only and the other an integrated course lasting for 2½ years for Midwifery-cum-Health Visitors.

During the Second Five Year Plan period, Central assistance will be continued for the training of 1260 Health Visitors, by expanding training facilities in existing Schools and by establishing 6 new Schools. Grants-in-aid amounting to Rs. 98,000 were paid during the year 1956-57.

Upto the end of 1956, out of 324 and 500 candidates admitted respectively to the Health Visitors' and the integrated Midwifery-cum-Health Visitors' courses, 223 and 15 candidates completed their training.

(B) *Midwives and Auxiliary Nurse-Midwives*.—A Centrally assisted scheme was sanctioned in 1954-55 for the training, at selected institutions in States, of Midwives and Auxiliary Nurse-Midwives required for Community Development Projects. During the First Five Year Plan period the establishment of 6 centres for the training of midwives and 39 centres for the training of Auxiliary Nurse-Midwives was approved by the Government of India and Central assistance to the extent of Rs. 8,41,426 was granted to State Governments.

During the Second Five Year Plan period, Central assistance will be continued for the training of 6,000 Auxiliary Nurse-Midwives by expanding training facilities in existing schools and/or by establishing new schools. There will, however, be no new admissions for the purely Midwifery course after March 1957 as recommended by the Indian Nursing Council.

During 1956-57, 13 new centres were opened for the training of Auxiliary Nurse-Midwives. The position regarding the personnel trained or under training at the end of December, 1956 was as follows:

	Trained	Under Training
Auxiliary-Nurse Midwives	48	838
Midwives	30	115
	<u>78</u>	<u>953</u>

A sum of Rs. 4,38,320 was paid during the year 1956-57 as grants-in-aid to the following States under this scheme:—

Name of State	Amount (in Rs.)
1. Assam	80,620
2. Andhra	55,555
3. Bombay	54,955
4. Madras	42,200
5. Madhya Pradesh	24,760
6. Orissa	20,260
7. Punjab	79,520
8. Uttar Pradesh	80,450

(c) *Dais*.—In addition to the above two schemes for training of Health Personnel for Community Development programmes, the Government of India have sanctioned a centrally assisted scheme under the Second Five Year Plan for the training of 36,000 'dais' at an estimated cost of Rs. 90 lakhs with a view to improving their standard of practice.

Under this Scheme, 150 units for the training of 'dais' will be established in States, each unit covering a population of about sixty-six thousands. A total of approximately 60 'dais' will be trained in each unit in a year, in two batches of thirty each. There will, thus, be one 'dai' for 1000—1500 population or one dai for every 50 births. The Central assistance will be Rs. 9600 per unit per annum, for meeting the cost of bags for Dais and their refills and for cash rewards to dais trained at these Units.

27. Reorientation training centres for the training of Public Health Staff assigned to Community Projects

Three Reorientation Training Centres were established in 1955 one each at Poonamallee (Madras), Najafgarh (Delhi) and Singur (West Bengal) with financial assistance from the Ford Foundation, where the Health personnel working in the Community Project Areas and N.E.S. Developments Blocks are given Reorientation and practical field work training. The Centres are now in the third year of working and according to arrangements with the Ford Foundation, 50% of the recurring expenditure on these Centres is to be borne by the Government of Madras in respect of the centre at Poonamallee and by Central Government and the Delhi Administration in respect of Centres at Singur and Najafgarh respectively. Upto the end of December, 1956, 926 Health Personnel of various categories were trained at these three centres as detailed below:—

	Najafgarh	Poonamallee	Singur	Total
1954	69	90	86	245
1955	75	192	48	315
1956	67	182	117	366
	<u>211</u>	<u>464</u>	<u>251</u>	<u>926</u>

The Ford Foundations assistance will cease in early 1958.

The Ford Foundation have also made a further grant of \$295,000 to the Government of India for establishing three Research-cum-Action Centres, one each at Poonamallee, Najafgarh and Singur for research in and the improvement of environmental sanitation in villages.

28. The Goitre Pilot Survey Project

The Goitre Pilot Survey Project was started under the First Five Year Plan in November, 1954 by the Government of India in collaboration with the Government of the Punjab, the Indian Council of Medical Research and the W.H.O. in the Kangra District of the Punjab. The initial survey work was completed in August, 1956. Iodised and Iodated salt is being distributed with effect from October, 1956 in the Kangra District according to schedule. The Survey Unit has moved from Dharamsala in the Kangra District to Gurdaspur.

A Biochemist has been appointed to assess the quantity of Iodine in soil, in vegetables and in salt in the survey area.

The iodisation plant which was received from the U.K. has been installed in a specially constructed building at the Sambhar Lake

Salt Works. It has gone into production with effect from July, 1956.

A scheme for Goitre control has been included in the Second Five Year Plan of the Ministry of Health at an estimated cost of Rs. 18 lakhs. The scheme envisages the estimation of the Goitre problem in certain selected areas, supply of iodised salt to inhabitants of areas affected with endemic goitre and an assessment of the results of iodine prophylaxis through two field units. The Biochemist attached to the Goitre Pilot Survey Project at Dharamsala will undertake the routine estimation of iodine in fortified salt.

Only iodised salt will be made available in the selected areas for human consumption at the same price as ordinary salt. The cost of iodisation of the salt will be met by the Central Government. A total population of 87.5 lakhs will be covered during the Second Plan period. 35 iodisation plants will be required for the purpose.

29. Admission into Medical Colleges under the Colombo Plan

During the year 1956, under the T.C.M. and the Colombo Plan (1956-57), 28 seats were reserved for Nepalese and Malayan students for the M.B.B.S. Course in various medical colleges. Arrangements were also made for the training of 3 Nepalese students in the L.S.G. Course.

30. Admission into Medical Colleges under the Government of India Cultural Scholarship Scheme

Arrangements were continued during 1956-57 for the admission of students under the Government of India's Cultural Scholarship Scheme to various medical colleges in the country. Under the Scheme the admission of students of Indian origin domiciled abroad was also arranged. In all, 42 such students were admitted during the year.

31. The Rehabilitation and Training Centre for the crippled at the K. E. M. Hospital, Bombay

The Rehabilitation and Training Centre for the crippled at the K. E. M. Hospital, Bombay, was established in 1955 in the nature of a co-operative effort between the Government of India, the Government of Bombay and the Bombay Municipal Corporation, each bearing one-third of the recurring and the non-recurring expenditure over and above the assistance received from the United Nations. The Centre works in close liaison with the Physiotherapy Training Centre at the K. E. M. Hospital, Bombay where training facilities in rehabilitation, vocational guidance, etc., are being organised. Under

the Plan of Operations signed by the Government of India and the U.N.O., the U.N. have provided 4 International experts in the field of rehabilitation and have also agreed to provide special imported equipment worth \$10,000 for the Prosthetic workshop proposed to be established in connection with the Rehabilitation Centre. The Scheme for the development of this Centre has been included in the Second Five Year Plan of this Ministry with a provision of Rs. 15,00,000. A sum of Rs. 40,250 was paid as the Government of India's share of expenditure on the project during 1956-57. The administration of the Centre is vested in the Managing Committee on which there are representatives of the Government of India, the Government of Bombay and Bombay Municipal Corporation.

32. The Children's Orthopaedic Hospital, Bombay

The Children's Orthopaedic Hospital, Bombay which was started by the Society for the Rehabilitation of Crippled Children, continued to function as a centre for the training of doctors, nurses and masseurs in the rehabilitation and treatment of the disabled and crippled children. The Government of India decided in 1952-53 to make a non-recurring grant of Rs. 1 lakh and a recurring grant of Rs. 50,000 per annum during the years 1952-56 for helping the hospital in developing its activities. A grant-in-aid of Rs. 1·5 lakhs was paid to the Society during the current financial year (1956-57). The affairs of the hospital are managed by a Managing Committee on which there are three representatives of the Government of India. During the year 1956-57, two Physiotherapists and four Occupational Therapists were given post-graduate training for a duration of 3 months each at the hospital.

33. The shifting of the Nutrition Research Laboratory from Coohoor to Hyderabad

A sum of Rs. 12·50 lakhs was allotted in the First Five Year Plan for grant-in-aid to the Indian Council of Medical Research for shifting of the Nutrition Research Laboratories from Coonoor to Hyderabad. The construction of the building commenced in June, 1956, and is expected to be completed in about 2 years. A sum of Rs. 7·574 lakhs has so far been paid to the Council during the years 1954-55 and 1955-56.

34. Health Survey in Community Projects

For assessing the contribution of Community Projects to the development of the health of the people, a scheme for Health Survey in Community Projects was included in the First Five Year Plan. The scheme envisaged a detailed survey of the health conditions in the

Community Project Areas immediately and thereafter at the intervals of five years in order to collect data in regard to:—

- (a) the improvement in health and physical fitness of individuals;
- (b) the quantum of morbidity prevalent in the areas; and
- (c) such other benefits in the standards of health of residents, attributable to Community Project activities.

Upto March, 1956, health surveys of the Saktigarh Development Block in West Bengal and Dabra in Madhya Pradesh were completed.

The scheme has been included in the Second Five Year Plan at an estimated cost of Rs. one lakh. After completing the survey work in Dungarpur Development Block in Rajasthan, the survey party has undertaken the survey of the Ekangarsari Block in Bihar.

35. Health Survey amongst Sweepers and Scavengers

A survey on the occupational disease among sweepers and scavengers was started by the staff of the All India Instt. of Hygiene and Public Health, Calcutta, in fulfilment of an assurance given by the Union Health Minister in Parliament to study the special disease or diseases to which sweepers and scavengers were subject. The survey was conducted in and around Calcutta.

In course of the survey, 2615 scavengers and sweepers of 3 Municipalities, Calcutta, Baranagar and Howrah were examined over a period of 6 months to elicit their health status. Clinical, Radiological and Pathological examinations were included in the study.

The survey has disclosed a large incidence rate of skin diseases especially fungal diseases and parasitic infection. There was no indication that other diseases like tuberculosis were of higher incidence amongst these groups.

36. Pilot Project for Trachoma Control

In many parts of India and particularly in northern India, Trachoma constitutes a major problem in eye diseases and is the principal cause of total and partial blindness. Exact statistics concerning the prevalence of trachoma in different parts of the country are not available. Little or nothing is known about the basic epidemiology of the disease in India such as the usual age for onset, the common source of infection, the mode of transmission and the dependence of these factors on environment and ways of life. A scheme for the mass treatment of trachoma can, therefore,

be drawn up only after a preliminary survey and study of the problem. The Trachoma Sub-Committee of the Indian Council of Medical Research and Dr. Maxwell Lyons, Ophthalmologist, Adviser at the WHO Regional Office for Europe who came to India in 1954 to study the problem, recommended the establishment of a Pilot Project in the first instance. The Government of India have accepted this recommendation. The Pilot Project was formally inaugurated at Aligarh on the 18th October, 1956, at the Gandhi Eye Hospital and Institute of Ophthalmology, at Aligarh which will serve as the main base hospital for the Project. The Scheme is to be implemented over a period of two years at an estimated cost of Rs. 1.93 lakhs. Out of this amount a provision of Rs. 63,000 has been made in the budget for the current financial year. A Plan of Operations in respect of the Scheme has been signed by the Government of India and the WHO. Under the Plan of Operations, the W.H.O. is to provide:—

- (i) One Trachomologist for a period of two years;
(ii) One Comberg Slit Lamp; and
(iii) Two fellowships of six months duration each in 1958.
- Dr. Radovanovic, the W.H.O. Trachomologist has already arrived in India in connection with the project. The Government of India paid grant amounting to Rs. 1,17,500 to the I.C.M.R. for the implementation of the project. The work on the project is progressing satisfactorily.

37. The Establishment of Dental Clinics in District Hospitals

With a view to ensure that a large section of the population in the country receive dental care at the hands of properly trained dental surgeons, a scheme for the establishment of 350 dental clinics in district hospitals has been included in the Second Five Year Plan of this Ministry with a provision of Rs. 151 lakhs. Under the scheme, it is proposed to give financial assistance to the extent of Rs. 15,000 non-recurring, for the purchase of equipment and 50% of Rs. 13,200 per annum for recurring expenses on the pay and allowances of the staff of the clinics during the plan period. The establishment of 27 dental clinics during 1956-57 was approved, as shown below:—

Uttar Pradesh	2	Clinics
Bihar	2	"
Kerala	3	"
Andhra Pradesh	3	"
Mysore (Goorg)	2	"
Punjab	2	"
West Bengal	4	"
Assam	3	"
Madhya Pradesh	3	"
Madras	3	"

38. The Christian Medical College, Ludhiana

In 1952, the Government of India had to give financial assistance spread over a period of 10 years, to the extent of Rs. 12½ lakhs, to the Christian Medical College, Ludhiana, for upgrading the institution to the M.B.B.S. standard. The Government of India have so far paid grants-in-aid amounting to Rs. 9·25 lakhs to the institution, including Rs. 1 lakh paid to the College during the year 1956-57.

39. Training of Refractionists and Opticians

The Government of India have decided to offer financial assistance to State Governments for the training of Refractionists and Opticians. Orders have been issued about the opening of two Centres, one at Aligarh and the other at Madras. It is proposed to start two more training Centres, one in Madhya Pradesh and the other in Mysore. Financial aid will be given to the State Governments on the following pattern:—

- (1) Non-recurring—75 per cent.
- (2) Recurring—50 per cent. spread over the Plan period.

Training of Auxiliary Health Workers

A scheme for the training of Auxiliary Health Workers was circulated to the State Governments in November, 1955. The response from the State Governments about the implementation of this scheme has been very poor. Only the Governments of Andhra Pradesh and Bihar have agreed to participate in the scheme. The proposal submitted by the Andhra Pradesh Government has been sanctioned. The proposal submitted by the Government of Bihar is under examination. Under this scheme financial assistance is to be given to the State Governments on the following pattern:—

- (1) Non-recurring—100 per cent of initial expenditure.
- (2) Recurring

	Central Govt.	State Govt.
First 6 months	100%	Nil
Next 12 months	66·66%	33·33%
Nxt 12 months	50·00%	50·00%
Next 6 months	33·33%	66·66%

40. The establishment and expansion of Medical Colleges

There is a provision of Rs. 650 lakhs in the Second Five Year Plan for the establishment of new medical colleges and the expansion of existing ones. In the budget estimates for 1956-57, there was a provision of Rs. 42 lakhs for this purpose. A Medical College at Pondicherry has already been established and 20 students were admitted during the academic year 1956-57. As regards other

colleges, it has been decided to give financial assistance to State Governments for the opening of new medical colleges at the following places:—

Kanpur;
Jamnagar;
Ranchi;
Bhopal;
Jabalpur; and
Kozhikode.

The Central assistance will be at the rate of 75 per cent. for non-recurring expenditure and 50 per cent. for recurring expenditure on colleges only during the Plan period. The entire expenditure on hospitals attached to Colleges will have to be borne by State Governments concerned.

Central assistance will also be given for the expansion of medical colleges where the number of annual admissions is less than 100 a year. The pattern of assistance will be 75 per cent of the non-recurring and 50 per cent. of recurring of the additional expenditure involved. It has so far been decided to give such assistance to the following medical colleges:—

1. Darbhanga Medical College, Laheriasarai.
2. Medical College, Madurai.
3. Medical College, Amritsar.
4. S. C. B. Medical College, Cutlack.
5. S. N. Medical College, Agra.
6. Medical College, Gwalior.
7. Medical College, Indore.
8. Medical College, Mysore.
9. Medical College, Baroda.
- 10 Medical College, Trivandrum
11. Sawai Man Singh Medical College, Jaipur.

41. The establishment and expansion of Dental Colleges

A provision of Rs. 150 lakhs exists in the Second Five Year Plan for the establishment of new Dental Colleges and the expansion of existing ones. A provision of Rs. 15 lakhs was made in the budget estimates for 1956-57.

It has been decided that priority should be given to the expansion of the existing dental colleges and for making arrangements for post-graduate training and for training of dentists registered in

the Dentists Register for transfer to Part A thereof. The Government of Madras and Uttar Pradesh have submitted their proposals for the expansion of the Dental Wings of the Medical Colleges in Madras and Lucknow respectively.

The Government have also proposed to start seven post-graduate Departments in Dental Colleges in Bombay. The proposal made by the Government of U.P. for Central assistance for providing training for the transfer of dentists registered in Part B of the Dentists Register to Part A thereof has been approved. The Government of India have agreed to pay in this connection to the Government of Uttar Pradesh a non-recurring grant of Rs. 2,16,255 and a recurring grant of Rs. 36,000 per annum.

Re-imbursement of Customs Duty on Gift Parcels

Re-imbursement of expenditure incurred by charitable institutions on customs duty paid on gift consignments of non-convertible medical stores received by them, is made by the Ministry of Health.

As against the budget provision of Rs. 75,000 for the year 1956-57, an expenditure of Rs. 49,321 was incurred on this account upto the end of February, 1957.

CHAPTER V

DRUGS AND MEDICAL STORES

1 The Drug Standard Control

The control over the quality of drugs imported manufactured sold or distributed in the country is exercised under the Drugs Act, 1940 and the Rules framed thereunder. The Central Government is responsible for the control over the quality of all imported drugs and of drugs manufactured sold or distributed in the Union territories. The Drugs Controller (India) is the controlling officer appointed by the Government of India for this purpose. The responsibility for the control over standards of drugs manufactured, sold or distributed in States rests with State Governments.

The control over imported drugs is exercised through the Assistant Drugs Controllers at Bombay Madras, Calcutta and Delhi and the Technical Officer Cochin. 21,974 samples were drawn by these Officers in 1955-56 for the examination of labels and other requirements under the Drugs Act and the Drugs Rules and also for testing. Out of them 2106 samples were sent to the Government analyst for test.

For testing the keeping qualities of imported drugs samples of drugs which are liable to deterioration in storage were taken at frequent intervals and tested. Drugs found to be deteriorating were destroyed.

Upto the end of December 1956 100 applications for the import of new drugs were examined by the Drugs Controller. Permission for the import of new drugs is granted after examining the medical literature and other material furnished by applicants regarding the standard therapeutic efficacy toxicity etc of the drugs. Experts were consulted and clinical trials carried out regarding these new drugs where necessary.

As a result of the passing of the Drugs (Amendment) Act 1955, all rule making powers now vest in the Central Government. The Central Drugs Rules, 1945 are proposed to be amended so as to make them comprehensive and also applicable to the whole of India except Jammu & Kashmir. The proposed amendments relate mainly to the enhancement of fees prescribing minimum requirements in respect of premises equipment and technical personnel for

the manufacture, sale and distribution of drugs, and prohibition of retail and wholesale dealings in drugs in the same premises. Draft rules were published in November, 1956. Objections and suggestions received were discussed with members of the Drugs Technical Advisory Board and representatives and Pharmaceutical concerns at a conference held on the 24th January, 1957 in New Delhi. The drugs rules are being suitably amended on the basis of these discussions.

As a result of the recommendations of the All India Narcotics Conference held in 1956 measures are being taken to tighten the control over the import, sale and distribution of narcotic drugs.

2 The Drugs Technical Advisory Board

The Drugs Technical Advisory Board has been constituted under Section 5(2) of the Drugs Act, 1940, and has got the following composition —

1 The Director General of Health Services—Chairman

Members

2 The Director, Central Drugs Laboratory

3 The Director, Central Research Institute, Kasauli

4 The Director, Indian Veterinary Institute, Mukteswar

5 The Chief Chemist, Central Revenues.

6 The Drugs Controller, India

7. Dr Sheo Bihari Lal, Government Analyst, Bihar.

8 Dr G. K. Karandikar, Professor of Pharmacology, Medical College, Baroda.

9 Shri P. M. Nabar.

10. The Drugs Controller, (India)

11. Dr. B. N. Ghosh, Calcutta.

12 Dr P. K. Ghosh, Physician, R. G. Kar Medical College, Calcutta.

13 Dr M. L. Gujral, Professor of Pharmacology, Medical College, Lucknow.

14 Shri B. V. Patel, Drugs Controller, Bombay.

15 Prof G. P. Srivastava, Professor of Pharmaceutical Chemistry, Banaras Hindu University.

16. Dr H. R. Nanji, Managing Director, Italab, Bombay.

The Board is an important statutory body for advising Central and State Governments on technical matters arising out of the

administration of the Drugs Act, 1940 and the Rules framed thereunder.

3. The Drugs Consultative Committee

The Drugs Consultative Committee has been constituted under Section 7 of the Drugs Act, 1940 (as amended in 1955)—with the following composition:—

MEMBERS OF THE DRUGS CONSULTATIVE COMMITTEE

1. The Drugs Controller (India)—Chairman.

Members

2. Shri P. M. Nabar.
3. The Drugs Controller, Bombay.
4. The Director of Medical Services, Madras State.
5. The Director of Medical Services and Drugs Controller, Andhra Pradesh.
6. The Director of Health Services, Bihar.
7. The Director of Health Services, Assam.
8. The Deputy Director of Health Services (Medical), Punjab.
9. Shri S. K. Agarwal, Drugs Inspector, Madhya Pradesh.
10. Shri V. L. Narsimha Rao, Drugs Inspector, Orissa.
11. Dr. B. B. Majumdar, Drugs Licensing Officer, West Bengal.
12. The Drugs Controller, Kerala.
13. The Director of Medical and Health Services, U.P.

4. The Indian Pharmacopoeia Committee

The Indian Pharmacopoeia Committee which was set up in 1948 by the Ministry of Health prepared the First Indian Pharmacopoeia which was published in November, 1955. The Committee was reconstituted with effect from the 23rd November, 1954, for a period of five years under the Chairmanship of Dr. B. N. Ghosh, Professor of Pharmacology R. G. Kar Medical College, Calcutta for keeping the Pharmacopoeia up-to-date.

5. The Central Drugs Laboratory

This is a statutory institution set up under the Drugs Act, 1940 to act as the official referee in matters of dispute regarding the composition of such drugs as are referred to the Laboratory, by law courts and Customs authorities. With the enforcement of the Drugs (Amendment) Act, 1955, the Laboratory has ceased to grant certificates of registration in respect of patent and proprietary medicines with undisclosed formulae.

The Laboratory is housed at No. 3 Kyd Street, Calcutta. The budget provision for the year 1956-57 for this laboratory was Rs. 3,58,720.

The laboratory also gave training to two candidates for one month each during the year 1956-57.

6. The National Formulary Committee

As a result of the large scale use of costly patent and proprietary medicines, both imported and locally manufactured, the medical treatment has become costly. A National Formulary Committee has therefore been set up to draw up a National Formulary containing a list of essential combinations which alone should be allowed to be imported or manufactured in the country. The Committee has Dr. B. B. Yodh as its Chairman, and representatives of the Medical Council of India, the Pharmacy Council of India and Indian Medical Association, as its members. Its constitution is as follows:—

1. Dr. B. B. Yodh, Professor of Post-graduate Medicine, Grant Medical College, Bombay—(Chairman).
2. Dr. B. B. Bhatia, Professor of Medicine, Lucknow University.
3. Dr. K. K. Sen Gupta, Indian Medical Association, Calcutta.
4. Dr. C. S. Patel, Bombay.
5. Shri K. R. Chandran.
6. Dr. B. Shah, Deputy Development Officer, Development Wing, Ministry of Commerce & Consumer Industries, New Delhi.
7. Shri P. M. Nabar.
8. Dr. J. N. Banerjee, C/o Messrs. Sandoz Product Private Ltd., New Delhi.
9. Shri S. K. Borkar, Drugs Controller (India)—Member-Secretary.

7. Medical Stores Depots and Factories

The Medical Stores Depots at Madras, Bombay, Calcutta and Karnal continue to supply medical stores to its indentors whose number rose to 8,301 during the year as against 7,590 in the previous year. These indentors are mainly hospitals and dispensaries run by State Governments, local bodies, Charitable institutions and military units. The value of medical stores supplied by the four Medical Stores Depots during 1955-56 is given below:—

Medical Store Depot, Bombay—Rs. 38,12,775.

Medical Store Depot, Madras—Rs. 62,72,616.

Medical Store Depot, Calcutta—Rs. 27,52890.

Medical Store Depot, Karnal—Rs. 23,93606.

The stores are supplied on a 'no profit' 'no loss' basis, at cost price plus 20 per cent. departmental charges to cover overhead expenses plus incidental charges, such as the cost of packing, freight etc.

The Depots also handle the receipt and distribution of stores such as D.D.T., milk powder, equipment and supplies received from International and foreign organisations like UNICEF, WHO and TCA.

A separate laboratory is being set up at the Medical Store Depot, Calcutta for carrying on Pharmacological, bacteriological, biological and chemical testing of drugs purchased for the Medical Store Depots.

The question of modernising the factories attached to the Medical Stores Depots at Madras and Bombay has been examined by a technical Committee, which recommended an expansion and modernisation of these factories. This recommendation as also the future set up of the Medical Stores Depots and the factories at Bombay and Madras was considered at the last meeting of the Central Council of Health. As decided by that Council State Govts. have been addressed regarding the future set up of these Depots.

8. Training of Trade Representatives in Government Laboratories

The training of candidates of trade representatives in Government laboratories was continued during the year. The selection of candidates is made by a Board consisting of the Director General of Health Services, the Director, Central Drugs Laboratory, Calcutta and a representative of the Institution where the candidate is to be trained. A fee of Rs. 100 per mensem is payable in advance by each candidate for the training. The response from the trade has however not been very encouraging. During the year 1956-57, only two candidates came for training under the Scheme, and were trained in the Central Drugs Laboratory, Calcutta.

9. The Pharmacy Council of India

The Pharmacy Council of India is a statutory Body constituted by the Government of India under Section 3 of the Pharmacy Act, 1948. Its functions are to regulate the education of pharmacists and the profession of Pharmacy.

State Pharmacy Councils have so far been constituted only in Punjab, West Bengal, Bombay, Madhya Pradesh, Madras and Bihar. Other States have under consideration the constitution of such Councils.

The Pharmacy Council of India have also recognised a number of institutions to enable student pharmacists to acquire practical training after completing the two years' academic course for the Diploma in Pharmacy.

Recommendations of the Pharmacy Council of India regarding amendments to be made in the Pharmacy Act, 1948, were circulated to State Governments for comments by the Government of India. The comments received are under examination.

For attracting the right type of men for the profession, the Pharmacy Council of India recommended to the Government of India that pay-scales for pharmacists should be raised to Rs. 80—5—100—E.B.—8—200—10/2—220, for pharmacists with a selection grade of Rs. 160—10—300—E.B.—15—450. They also suggested that graduates in pharmacy should be employed as Hospital pharmacists in all leading hospitals in the country. The recommendation of the Council regarding the pay scale of pharmacists is under examination by the Government, while that regarding the appointment of hospital pharmacists has been supported by the Central Government and circulated to State Governments for necessary action.

10. The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954

The Drugs and Magic Remedies (Objectionable Advertisements) Act, 1954, came into force on the 30th April, 1954. The Act prohibits the advertisement of drugs and magic remedies for certain specified ailments and those relating to contraceptives and abortifacients. Provision has however, been made in the Act for granting exemptions to advertisements of contraceptives of proved value and for those which are technical in nature and medical literature sent confidential to registered medical practitioners. The Drugs Controller (India) has been appointed by the Government of India as the authority to grant such exemptions on application. State Governments have also appointed similar authorities for this purpose.

The import and export of objectionable advertisements is also controlled under the Act with the help of Customs Controllers at ports. The Assistant Drugs Controllers (India) at Bombay, Madras, Calcutta and New Delhi and the Technical Officer, Cochin have been appointed as officers to advise Collectors of Customs in this matter.

11. Cinchona Cultivation

There were difficulties in the availability of quinine at the end of World War II on account of the stoppage of imports of quinine. The Government of India, therefore, launched a scheme of Cinchona

cultivation by a short-term method with the assistance of the Madras and West Bengal Governments. With the end of the War and the arrival of synthetic anti-malarials in the market, the position regarding the Cinchona cultivation in India was reviewed first by an expert committee in 1952-53 and later, at a conference with representatives of Central and State Government held at Ootacamund in October, 1955. Action has been taken on the recommendations of the Conference as indicated below:—

- (i) Import of Paludrine, a synthetic anti-malarial, which was on the O.G.L. is now being regulated on licences issued on quota basis. States have been advised to intimate their requirements of synthetic anti-malarials with a view to regulating their imports through Government channels.
- (ii) Indian Trade Commissioners abroad have been requested to explore the market for the export of quinine.
- (iii) A Cost Accounts officer of the Ministry of Finance has been deputed to examine the price structure of Quinine sold by Madras and West Bengal Governments with a view to evolve a uniform sale price for quinine produced in India.
- (iv) The Council of Scientific and Industrial Research and the Indian Council of Medical Research are investigating the possibilities of using quinine produced in India for purposes other than as an anti-malarial, and
- (v) The decrease in the incidence of Malaria and in the consumption of quinine and other anti-malarials as a result of the Malaria Control Programme was reviewed by the Director, Malaria Institute of India and his findings have been communicated to State Governments of Madras and West Bengal in order to enable them to restrict their production accordingly.

The Government of India's Cinchona cultivation in West Bengal has been harvested, and the bark is being processed at the West Bengal factory for extracting quinine. In Madras, Cinchona plants cultivated under the short term method are being harvested without replacement and the bark is being processed into quinine sulphate at the Annamalais factory.

CHAPTER VI

INTERNATIONAL HEALTH RELATIONS AND QUARANTINE

1. The World Health Organisation

India has been a member of the World Health Organisation since its inception in 1948. Many Indian Medical and Public Health experts have taken active part in the various activities of the W.H.O. During the year 1956, Indian Public Health experts were appointed as members of the W.H.O. Expert Advisory Panels on Dental Health, Venereal Diseases, Rabies, Nursing, Chronic Degenerative Diseases, Leprosy, Nutrition, Cholera, Malaria, Drugs, Pharmacopeia, Insecticides, Tuberculosis, Parasitic diseases, Professional, Technical and Health Education and Trachoma.

In the implementation of programmes in India, the assistance given by the W.H.O. during the year 1956 under its Regular, Technical Assistance and other extra budgetary funds amounts to U.S. \$ 659,960. The WHO has budgeted a sum of U.S. \$ 2,847,345 for the implementation of the following programme in India during 1957:—

Serial No.	Name of Project	No. of International experts to be provided by WHO during 1957.
	(1)	(2)
1	T. B. Control and Training Centre, Madras	5
2	T. B. Chemotherapy Centre, Madras	4
3	T. B. Control and Training Centre Hyderabad	4
4	T. B. Control and Training Centre, Nagpur	4
5	T. B. Control and Training Centre, Agra.	4
6	Trachoma Pilot Project, Uttar Pradesh	1
7	Vital and Health Statistics	1
8	Rural Health and Nursing Education, Assam	4
9	Public Health and Nursing Education, Andhra	4
10	Public Health Programme, Rajasthan	3
11	Public Health Programme, Madras	4
12	Public Health Programme, Punjab	3
13	Nursing, Ludhiana	1
14	Post Certificate Course for Midwife Tutors, College of Nursing, New Delhi	1
15	Domiciliary Nursing and Midwifery, Lady Hardinge Medical College Hospital, New Delhi	2

Serial No.	Name of Project	No. of International experts to be provided by WHO during 1957.
16	Nursing Education (Public Health Integration)	3
17	Nursing Advisers to States	2
18	Health Education	5
19	MCH, All India Institute of Hygiene and Public Health, Calcutta	3
20	MCH Nursing, Bihar	2
21	" " Bombay	3
22	" " Hyderabad	2
23	" " Madhya Pradesh	4
24	" " Mysore	4
25	" " Saurashtra	2
26	" " Travancore-Cochin	3
27	" " Uttar Pradesh	3
28	" " West Bengal	2
29	" " Education, Andhra	4
30	" " Assam	4
31	A.I.I. of Mental Health, Bangalore	3
32	Assistance to Nutrition Research Institute	1
33	Environmental Sanitation, Public Health Engineering, University of Madras.	1
34	Environmental Sanitation, Travancore-Cochin and States Undesignated	4
35	Co-ordination of Research	1
36	Training of Professor in Preventive and Social Medicine	5
37	Pediatric Education	1
38	Rehabilitation Centre, Bombay	1
39	Training Centre for X-Ray Technicians, Madras	1

The Government of India's contribution to W.H.O. during 1956 amounted to U.S. \$ 337,050. During the year 1957, a contribution of U.S. \$ 368,970 will be made to the W.H.O.

2. The UNICEF

The United Nations Children's Fund (UNICEF) is a specialised agency of the United Nations Organisation, offering assistance in Health Programmes for expectant and nursing mothers and children. The assistance is normally given in the form of equipment and supplies.

The UNICEF Executive Board allocated U.S. \$ 1,741,700 for programmes in the following fields in India during 1956:--

MCW. & Feeding	1,478,700
BCG & I. B. Control	208,000
Emergency supplies	55,000

UNICEF is financed by contributions from Governments, Voluntary agencies, individuals and other sources. The Government of India contributed to the UNICEF, Rs. 16 lakhs in 1956. Almost all States in India received assistance from the fund in one form or the other, during the year under review.

During the year, 1956 the organisation awarded 40 country fellowships in Nursing for short term refresher courses in India and 6 country fellowships for post certificate course for Midwife Tutors at the College of Nursing, New Delhi.

The equipment supplied by the UNICEF during the year under review consisted of:—

- (i) 20 sets of teaching equipment for midwives schools.
- (ii) 20 sets of ward demonstration equipment for hospital training schools.
- (iii) 10 sets of Visual teaching aids, and
- (iv) 20 sets of text books for training schools for Nurses and midwives.
- (v) MCH sets, drugs, diet supplements and replenishment supplies for 1,832 Maternity & Child Welfare Centres.
- (vi) Bicycles for 100 centres.
- (vii) Sewing machines, equipment for midwives and paediatric units.

3. Fellowships and Study Tours

The Ministry of Health Overseas Scholarship scheme under which Medical and allied personnel from India were being sent abroad for post graduate training was suspended in 1949.

Certain International Agencies, however started thereafter offering training facilities in Medical and allied subjects for Indian nationals under their respective Technical Aid schemes, as follows:—

- (1) The programme of Technical Assistance by the United Nation's Organisation and its specialised agencies, namely the W.H.O. and the UNICEF;
- (2) The Technical Assistance Scheme under the Point Four Programme;
- (3) The Technical Co-operation Scheme under the Colombo Plan; and
- (4) Technical Assistance in the shape of fellowships and scholarships offered by the Rockefeller, Ford and Nuffield Foundations.

Training is offered in subjects for which facilities are not available in India. Requests for such facilities have to be related to specific projects in operation and/or in respect of those persons only in whose cases it is considered that the acquisition of expert knowledge in a specialised field would help the efficient completion and implementation of projects already undertaken or likely to be undertaken in future. State Govts. are asked to recommend names of suitable personnel for award of fellowships. A selection is made of suitable candidates each year on the recommendation of a Central Selection Committee constituted for the purpose. During 1956, the number of candidates who were offered fellowships under the various schemes were as follows:

W.H.O.	---	17
T.C.M.	---	7
Colombo Plan	—	17
Rockefeller Foundation	—	15

4. Technical Assistance given by India to under-developed countries

Although India is mainly a recipient of aid from the International Organisations and Bilateral Agencies, yet she has furnished within her limited capacity, technical assistance to some countries in South East Asia under the Technical Co-operation Scheme of the Colombo Plan. Under this scheme technical assistance is arranged on a bilateral basis by agreement between the co-operating Governments. On this basis, the Government of India have provided training facilities to personnel from countries of the South East Asia Region, for which the Govt. of India bear all costs of trainees within India including tuition fees, costs of travel, books and maintenance allowances of trainees.

During 1956, 20 candidates from Nepal were afforded facilities for medical education in colleges in India and 3 candidates from Nepal were given facilities for training in Local Self Government at the Delhi Branch of the All India Institute of Local Self Government, Bombay.

5. Seaport and Airport Health Organisations and Administration of Port Quarantine

- (i) The Government of India are expected to comply with the requirements of the International Sanitary Regulations which became applicable to India on the 2nd March, 1953. The Indian Aircraft (Public Health) Rules, 1954 and the Indian Port Health Rules, 1955, which were revised in conformity with these Regulations, came

into force on the 17th October, 1955, and the 27th February, 1956, respectively. These rules regulate the sanitary control of maritime and aerial traffic between India and foreign countries.

- (ii) Health Organisations are at present working at the following major Seaports and Airports:—

Seaports:—Bombay, Calcutta, Madras, Cochin, Kandla and Visakhapatnam.

When Kandla was declared a major port in 1955, health clearance arrangements at that port were temporarily entrusted to the Port Medical Officer, Kandla, but a full-time Organisation on a regular basis has started functioning at this port from 1st February, 1957.

Airports:—Bombay Airport (Santacruz), Calcutta Airport (Dum Dum), Delhi Airport (Palam), Tiruchirappalli and Madras Airports.

An aircraft on entering India from any place outside India can land only at Bombay Airport (Santacruz), or Calcutta Airport (Dum Dum), where international sanitary regulations are enforced. However, certain aircrafts can land at other Airports as indicated below:—

- (i) an aircraft operating between Ceylon and India can land at Tiruchirappalli or Madras Airports;
- (ii) an aircraft operating between Afghanistan and India can land at the Amritsar airport;
- (iii) an airport operating between Singapore and India can land at Madras airport;

No quarantine restrictions are being observed in respect of air traffic between Nepal and India. Part-time health clearance arrangements exist at the Amritsar airport (Raja Sansi) for air traffic between India and Afghanistan.

Emergency landing arrangements for diverting international aircraft which due to bad weather, or otherwise, are unable to land at the specified airport, continued at Bhuj, Poona, Gaya, Begumpet and Lucknow.

- (iii) The Government of India have isolation Hospitals at Bombay, and Calcutta, Tiruchirappalli and Madras airports for the isolation of persons suspected to have been at risk to yellow fever and who enter India without valid international certificates of vaccination against this disease.

- (iv) India and countries to the east of India are free from yellow fever but are yellow fever receptive areas. Once the infection of yellow fever enters into any one of these countries, it will rapidly spread and reach other countries including India. Most of the Eastern Countries excepting India and Pakistan do not have adequate arrangements for isolation of persons at risk to yellow fever. In order to prevent the entry of yellow fever infection to the countries east of India, the Govt. of India concluded during 1956, an agreement in terms of articles 75 and 104 of the International Sanitary Regulations with the Governments of Philippines and Sarawak. Such an agreement had earlier been entered into by the Government of India with the Govt. of Burma. Under these agreements, international passengers intending to proceed to these countries, after they have been exposed to the risk of yellow fever infection without being in possession of valid yellow fever certificates, are to be detained in India in the Isolation Hospitals for the requisite period.

The Government of India have also requested the Governments of Indonesia and Australia to co-operate in the matter.

6. Anti-mosquito and Anti-rodent measures at Major Ports and Airports

Under International sanitary regulations, all major ports and airports are required to be kept free from mosquitos & rodents and necessary measures are taken at Calcutta and Bombay airports. Anti-mosquito work has also commenced at the Tiruchirappalli airport.

The I.A.F. authorities are carrying on anti-mosquito and anti-rodent measures at the Palam airport which is under their control.

Regarding the major sea ports the practice hitherto has been for the various Port Trusts or Port administrative Authorities concerned to be responsible for anti-mosquito and anti-rodent measures. The Govt. of India are however gradually taking over this responsibility.

7. Medical Examination of Seamen

The work in the Seamen's Medical Examination Organization was begun in 1950. The concession granted to seamen by extending the period of validity of the certificate of physical fitness of a seaman from two to five years seems to have met the needs of seamen. Seamen's Medical Examination Organizations at Bombay and Calcutta continue to function as separate units but the work at

other major ports, is still being done by the Port Health Organizations themselves as a part of their port-health work.

Facilities for out-door medical treatment exist at the Seamen's clinics at Bombay and Calcutta.

Arrangements for the indoor treatment of seamen also exist at local Hospitals in Bombay and Calcutta. The clinic at Bombay also provides 12 beds for convalescing cases. In addition to this, arrangements have been made for the admission of four seamen patients suffering from T.B. in the Hospital for diseases of Chest, Poona, on a priority basis.

The number of seamen examined at the various major seaports in India for physical fitness and the number treated in the Seamen's clinics at Bombay and Calcutta during 1955 as given below:—

(a) *No. of seamen examined for physical fitness in 1955:—*

BOMBAY	19,471
CALCUTTA	15,872

(b) *No. of new and old cases treated in the clinic in 1955:—*

	Indoor Section		Outdoor Section		Total	
	New	Old	New	Old	New	Old
Seamen's Clinic Thana Street, Bombay . . .	571	72	2,673	9,111	3,244	9,183
Seamen's Clinic Has- ting's Calcutta . .	..	..	2,732	24,113	2,732	24,113

8. The Health Coordination Committee

The Health Coordination Committee was reconstituted during 1956 with the following members, for Coordinating the activities of the various Bilateral and Multilateral Health agencies working in India in matters connected with health:—

CHAIRMAN

- Secretary to the Government of India,
Ministry of Health (ex-officio)

MEMBERS

- D.G.H.S., (Ex-officio)

3. Representatives of UNICEF, WHO, T.C.M. Foundation and Ford Foundation.
4. A representative of the Ministry of Finance (of Economic Affairs).
5. A representative of the Planning Commission.

SECRETARY

6. The Area Representative of the World Health Organization.

The Committee functions in a purely advisory capacity. In the year 1956, the committee met four times i.e. once in each month and offered valuable advice and made useful recommendations on various matters relating to International assistance in the field of health.

9. The Rockefeller Foundation

The Foundation gave grants to 3 medical Colleges and institutions as follows:—

1. Christian Medical College, Vellore. Rs. 1,68,56,00
2. Medical College, Lucknow Rs. 14,22,000
3. Seth G.S. Medical College, Bombay. Rs. 9,25,900

The Ludhiana Medical College received a grant of Rs. 1,63,200 for the continuation of the experiment with newer methods of preventive medicine, teaching and field investigations.

In the field of population studies, the Foundation made a grant of \$1,63,200 for the continuation of the Harvard-Ludhiana study initiated three years ago. The objects of the study are to measure some of the variables important to the growth of population, to determine the effect of family planning on population growth and to train physicians and other health workers in population problems.

The Foundation granted ten foreign travel fellowships in the year. In addition a fellowship was given to a Harvard trained Doctor to participate in the informal residency program at Lucknow Medical College.

The Foundation cooperates with the I.C.M.R. in the work of the virus Research Centre at Poona.

During the year they provided a visiting technician in the field of Malaria. The technician provided by the Foundation to assist in the Malaria Control Programme was continued during the year.

10. Delegations and Deputations Abroad

The following persons were deputed by the Government of India during the year under review to attend various meetings, etc., in foreign countries:—

Name of Officer	Purpose for which deputed
1. Dr. C. G. Pandit, Director, I.C.M.R.	To attend the meeting of the yellow Fever Group of the W.H.O. held from 6th Feb. 1956 in Washington.
2. (i) Dr. A.L. Mudaliar, Vice-Chancellor, Madras University.	To attend the World Health Assembly session held in May, 1956 in Geneva.
(ii) Lt. Col. C. K. Lakshmanan D.G.H.S.	
(iii) Lt. Col. Jaswant Singh Director Malaria Institute of India, Delhi.	
(iv) Kumari T. K. Adranvala, Chief Nursing Superintendent, Dte. G.H.S.	
(v) Shri K. V. Padmanabhan, Consul General, Geneva.	
3. Dr. Vatsala Samant, Medical Superintendent Kamla Nehru Hospital, Allahabad.	To attend the fiftieth anniversary of the National Society of Children's Nurseries.
4. (i) Shri N. B. Chatterjee, Deputy Secretary, Ministry of Health	To attend the training course on Mutual Benefit Societies held in Denmark and for study tour in the United Kingdom and Italy in July-September, 1956.
(ii) Dr. Inder Singh, Assistant D.G.H.S.	
(iii) Shri S. Raghavan Executive, Officer, Adult Education, Travancore-Cochin	
(iv) Dr. M. A. Panwala, M.B.B.S., Bombay.	
5.(i) Dr. R. Visvanathan, Additional Deputy D.G.H.S.	To attend the Fourth International Congress on Diseases of Chest of American College of Chest Physicians held in Cologne Germany in August, 1956.
(ii) Dr. Santokh Singh Anand, Professor of Surgery, Medical College, Amritsar (Govt. of Punjab).	
6. Shri P. M. Nabai, Drugs Controller, (India)	To attend the Session of Study Group on the use of Specifications for Pharmaceutical preparations held in Geneva in December, 1956.

CHAPTER VII

LOCAL SELF GOVERNMENT

1. General.

Although Local Self Government is primarily a State subject, the Ministry of Health are concerned with the general co-ordination of activities in the field by various State Governments. In addition, the administration of Local Bodies in the Centrally administered territories of Andaman and Nicobar Islands, Delhi, Himachal Pradesh, Laccadive and Amindivi Islands, Manipur and Tripura is under the overall control of this Ministry. Besides this, the directive principle enunciated in Article 40 of the Constitution has made the task of the Union Health Ministry more onerous in regard to the formation and development of Village Panchayats, which have been accepted on all hands as the firm base on which the structure of democracy has to be erected. The laying down of a uniform Government policy in this regard in consultation with the L.S.G. and Panchayat Ministers of State Governments, is the function of the Union Health Ministry.

2. Central Council of Local Self Government.

The Central Council of Local Self Government which was set up in 1954 as a result of the recommendation of the Second Local Self-Government Ministers' Conference, held its first meeting in June, 1955 and passed a number of resolutions of far reaching importance, such as the necessity for central assistance in the matter of establishing Panchayats in backward and tribal areas of States, the subsidisation by the Central Government of Slum Clearance Schemes and National Water Supply and Sanitation Schemes in urban areas, the necessity for an intermediate body between the Panchayats and State Governments, the allocation of a definite place under a separate head to Local Bodies in the Second Five Year Plan and the formation of an Executive Committee of the Council to process its recommendations.

In their Second meeting held in September, 1956, the Council reviewed the recommendations of the Local Finance Enquiry Committee and Taxation Enquiry Committee. The Council also recommended:—

(1) further allocation of funds for the National Water Supply and Sanitation Programme (2) State-wise Cadre for the chief Executive and Principal Technical Officers. (3) allocation of adequate funds by the Planning Commission towards the development of

Local Self-Government from Panchayats upwards (4) preparation of Model Acts, for Panchayats, Municipalities and Corporations, (5) financial assistance by Ministry of Rehabilitation to Local bodies to meet the additional expenditure on Water Supply etc., due to influx of refugees and grant-in-aid from the Central Flood Control Fund to local bodies for protection works against river erosion.

Draft Model Act for Local Bodies

In accordance with the Resolution of the Central Council of Local Self-Government passed at its Ootacamund meeting in September 1956, the Government of India have entrusted the task of preparing the draft Model Act for Local Bodies to Shri C. D. Barfiwala of the All India Institute of Local Self-Government, Bombay. Out of an estimated expenditure of Rs. 15,000 in this respect, a grant of Rs. 5,000 has been given to him in the first instance. State Governments have been requested to give all facilities to Shri Barfiwala to complete his task.

3. Executive Committee of the Central Council of Local Self-Government.

In accordance with the resolution of the Central Council of Local Self Government, an Executive Committee with the Union Minister of Health as Chairman and the L.S.G. Ministers of Bombay, West Bengal, Uttar Pradesh, Andhra, Mysore, Pepsu and Vindhya Pradesh as Members, was set up. This Committee at its first meeting in November, 1955, decided, *inter alia*, that the Ministry of Health should urge the Planning Commission to offer central assistance for the establishment of Panchayats in backward and tribal areas and for the training of Panchayat personnel. The Committee also emphasized that the Planning Commission should give a definite place to Panchayats and other Local Bodies in the second Five Year Plan and make proper allocations for this purpose, both in the Central and in the State Plans.

The questions of central assistance to panchayats and other matters connected with the development of Panchayats in States have also been under the active consideration of the Panchayat Study Group of the Planning Commission on which the Ministry of Health is represented. The main conclusions of the Panchayat Study Group were that the Panchayats should be allotted functions in regard to (a) welfare programmes, (b) local works and their maintenance, (c) programmes for production for each family and for the village and (d) promotion of Co-operative Societies in particular to assist in the process of making smaller people credit worthy.

It also recommended that the Central Government should give substantial assistance not only for the training of Panchayat personnel but also for the establishment of Panchayats in backward areas. These recommendations are under consideration of the Planning Commission.

4. Delhi Improvement Trust

Slum clearance & slum service work—During the year, the slum clearance work was mainly confined to slum service work in evacuee Katras which the Ministry of Rehabilitation had transferred to the Ministry of Health for management. In accordance with the decision taken in the meeting held in the Prime Minister's Secretariat on the 5th May, 1956, the Trust was required to provide slum service work in 72 evacuee Katras while the Delhi Municipal Committee and the Bharat Sevak Samaj were allotted 100 and 15 Katras (both evacuee and non-evacuee) respectively. Slum service work included provision of amenities like latrines, water supply, lighting, repairs to roofs and walls. Out of the 72 Katras allotted to the Trust, basic amenities were provided in 68 Katras. The remaining Katras were in such a dilapidated condition that it was not considered desirable to incur any expenditure on them. The Trust incurred a total expenditure of approximately Rs. 2,98,000 from its Nazul Fund on this account.

The Delhi Municipal Committee and the Bharat Sewak Samaj also completed the slum service work in the Katras allotted to them.

Slum Advisory Body.—During the course of discussion on the Government Premises (Eviction) Amendment Bill, 1954 the Union Minister for Works, Housing and Supply had given an assurance that an Advisory Body would be set up to advise the Delhi Improvement Trust in the matter of:—

- (a) Slum Clearance with a view to afford better and cleaner living conditions to the slum dwellers.
- (b) Providing alternate accommodation to the persons to be evicted in localities as near as possible to their present dwellings or to places where they are assured of being able to earn their livelihood.

This assurance was repeated in Parliament by the Minister for Health on the 22nd August, 1956. A Committee consisting of the following members of Parliament was accordingly constituted:—

- (1) Shri C. Krishnan Nair.
- (2) Shri Feroz Gandhi.
- (3) Shri Choith Ram Pratab Rai Gidwani.
- (4) Shri Naval Prabhakar.
- (5) Shri Radha Raman.
- (6) Shri Jaspat Rai Kapoor.
- (7) Shrimati Anis Kidwai.

Subsidized Houses.—The Trust has completed the construction of 1068 houses during the year in the following areas:—

420 Jangpura.

144 Ahata Kidara near Idgah.

396 Kilokri.

48 Moti Nagar on Rohtak Road.

60 Basti Rehgar.

This brings the up-to-date total of houses completed to 2,009. In addition, the construction of 1,200 houses in Jhilmila Tahirpur (Shahadra) is in progress and is expected to be completed soon. The laying of services has also been taken up. Most of the completed houses in Jangpura, Moti Nagar and Basti Rehgar have been allotted to the evictees from the Trust's Delhi Ajmeri Gate Slum Scheme and from some of the Evacuee Katras placed at the disposal of the Trust.

The following schemes of the Delhi Improvement Trust for the construction of subsidized houses were sanctioned:—

1. Construction of 168 poor class subsidized houses at Ahata Kidara at a total cost of Rs. 7·98 lakhs. The occupants are being charged subsidized rent at Rs. 12 p.m. involving grant of annual recurring subsidy of Rs. 35,000 by Government.
2. Construction of 1,200 subsidized Houses at Jhilmila Tahirpur at a total cost of Rs. 23·81 lakhs. The subsidized rent for these houses has been fixed at Rs. 6 p.m. involving grant of annual recurring subsidy of Rs. 1·12 lakhs, by Government.
3. Construction of 400 subsidized houses at Kilokri at a total cost of Rs. 18·088 lakhs. The subsidized house rent for these houses has been fixed at Rs. 12/ p.m. involving grant of an annual recurring subsidy of Rs. 1·62 lakhs by Government.

IMPROVEMENT WORKS IN PROGRESS

(1) Development of 50 acres of Nazul land in Jhilmila Tahirpur and 40 acres in Kilokri;

(2) Development of Motia Khan Dump Area at the crossing of Original Road and Mutiny Memorial Road; and

(3) Development of the remaining land in the Industrial Area (67 acres approx.), are in progress.

1. *Allotment of Land on no-profit, no-loss basis.*—The Delhi Improvement Trust had developed 66 plots in the Motia Khan Dump Scheme at a total cost of Rs. 2,87,200/-. These plots were allotted on a "no profit no loss" basis to eligible displaced squatters by private treaty

Similarly, 47 plots were developed by the Delhi Improvement Trust in Motia Nagar on Rohtak Road and were also allotted on a "no profit, no-loss" basis to eligible displaced squatters.

2. Also the Trust have also allotted 33 plots of land to the squatters of Jhandewala Block E on a 'no profit no-loss" basis and the remaining plots in this area are being allotted to the squatters on the western side of Mutiny Memorial Road near Jhandewala Temple and to others.

5 Delhi Development (Provisional) Authority

The Delhi Development (Provisional) Authority since its inception has held 15 meetings. During this period they have approved layout plans of 24 private colonies, and a number of Government and Rehabilitation Colonies.

2. Out of the private colonies, the Authority is entertaining building plans for sanction in six colonies. In other private colonies permission to build will be given after the sanitary and engineering services including, in particular, arrangements for water supply and drainage, have been approved. The policy which the Authority has been trying to adopt is that building construction should be permitted only in those areas where planning has been done satisfactorily and according to approved standards, and where the engineering services, of approved specifications, have either been laid or there is the assurance that these will be laid early.

3. In addition to the above, the Authority has approved proposals for the siting of individual buildings for public offices, religious institutions, schools and colleges, maternity and child-welfare centres, petrol filling stations and motor services stations, transport depots, sanitary installations, telephone exchange, radio transmitting stations, electric sub-stations, meteorological buildings, film studios etc.

4. In regard to building construction, the efforts of the Authority have been directed towards (a) prevention of unauthorised buildings, and (b) the regulation of building activity in approved colonies. Soon after its inception, the Authority saw that there was a strong tendency on the part of a large number of persons to put up buildings without obtaining prior sanction. It was realized that unless stringent action to curb this tendency was taken, the planning and development of areas where such buildings came up would present a difficult problem. Special attention was therefore paid to this work and where people took the law into their own hands, the Authority countered such action by passing demolition orders and in some cases actually demolishing the building under the Delhi (Control of Building Operations) Act, 1955.

6. Extension of the Delhi (Control of Building Operations) Act, 1955, for one year beyond 31st December, 1956.

According to the provisions of the Delhi (Control of Building Operations) Act, 1955, under which the Delhi Development Provisional Authority was constituted, the life of the Authority was upto 31st December, 1956, after which date the provisional Authority was intended to be replaced by a permanent Body. However, in view of the fact that legislation for setting up a Corporation for Delhi is under consideration, it has been decided to extend the life of the Delhi Development (Provisional) Authority by one year with effect from the 1st January, 1957.

7. Legislation for Slum Clearance Works in Centrally Administered Areas.

The rapid growth of population and overcrowding in Delhi created bad slums which made living conditions in these areas detrimental to the safety, health and morals of the slum dwellers. There were neither any powers for entering privately-owned slum areas for the purpose of providing improvements like water supply, latrines etc. nor for acquiring slum properties and demolishing dilapidated houses. Slum dwellers were also harassed by eviction by landlords. Powers were also considered necessary to prevent such eviction. It was, therefore, considered necessary to bring forward a comprehensive legislation for all Union Territories (except the Union territories of the Andaman and Nicobar Islands and the Laccadive, Minicoy and Amindivi Islands). The Slum Areas (Improvement and Clearance) Act, 1956 was therefore enacted. This Act empowers the competent Authority:—

- (i) to call upon the owner of a building in a slum area to provide necessary amenities in it;
- (ii) to carry out itself necessary amenities in a building in slum area at the cost of the owner;
- (iii) to acquire a building or buildings in a slum area on payment of low compensation;
- (iv) to restrict eviction of tenants from a building in a slum area.

2. The Act has been applied to Delhi only in the first instance with effect from the 8th February, 1957. It may be extended to other Union Territories on such dates as the Central Government may notify.

8. Interim General Plan for Greater Delhi

The Town Planning Organisation which was set up in November, 1955 submitted in September, 1956 an Interim General Plan for Greater Delhi which recommends the following programmes for implementation during a period of 3 years.

- (1) Acquisition and development of 3,000 acres of land for residential buildings.

(2) Acquisition and development of 200 acres of land for industries.

(3) Acquisition and development of 600 acres of land for Slaughter House and ancillary trades, development of a township for the purpose including building of roughly 2000 residences for the persons engaged in the trade, construction of a slaughter house and other factories for various ancillary purposes, construction of schools, veterinary hospital, dispensary, maternity and child welfare centre, community centres, shopping centres, cold storage, purchase of cold storage vans, building of Central cold storages at convenient locations in Delhi, etc.

(4) Resettlement of Gwalas and their cattle and for this purpose acquisition and development of 400 acres of land, building of 1600 tenements, 1600 cattle byres and provision of other community centres, etc., for the purpose.

(5) Slum cleaning and improvement of 1500 slum Katras and other slum areas.

(6) Slum rehousing.

Some tentative recommendations have also been made not for immediate adoption but with a view to stimulating public discussion in regard to location of:—

(i) Government Offices.

(ii) Business and Commercial Centres.

(iii) Industrial Areas.

(iv) Residential areas.

(v) Recreation and open spaces.

(vi) Educational and cultural institutions etc.

The preparation of a detailed Master Plan is now in hand.

9. Delhi Joint Water and Sewage Board

(i) *Loan to the Board.*—A loan of Rs. one crore was paid to the Board during 1956-57 for the execution of essential programme in two instalments of Rs. 50 lakhs each.

(ii) The installation of additional six filters of 10 million gallons per day capacity at Chandrawal Water Works was completed and the plant started functioning after the summer months. The work on the 120' dia. clarifier and a clear water reservoir has also been taken up and will be completed by the end of 1956. The second compartment of the Ramjas Hill Reservoir of 1.2 million gallons capacity has been completed and the pipelines for the water main along the Najafgarh Road have been ordered and have started coming. Laying will be taken up during the course of next year when the full consignment of pipes and specials ordered is received at site.

(iii) The construction of additional Reservoir at Rajinder Nagar is nearing completion and the work on the Reservoir at Hasanpur and Talkatora will be taken in hand shortly. The storage capacity

of the Reservoir is proposed to be increased to 12 hours' storage as against 8 hours' storage capacity and the programme of this extension has been spread over a period of five years.

10. Water Supply of Greater Delhi

1. The Jaundice Enquiry Committee had recommended that for preventing contamination of water supply, the Najafgarh Nallah should be diverted about 3000 ft. down stream, from its present point of confluence with the river. The work was begun in April, 1956 but its progress was delayed, as a rock was encountered and it was difficult for the manual labour to cut it. The difficulty was, however, overcome by the use of the Compressor with drilling equipment and the work has now been completed.

2. The construction of a new conduit from Wazirabad to Chandrawal is also progressing. The first part of the conduit has been constructed.

3. The depletion of water in the river Yamuna again created problem in the summer months and the required additional quantity of water was brought from the Punjab Government on payment through the Munak Escape.

4. Delhi had unprecedented floods in October, 1956 when the main stream of the river went over to the other side. The operations of excavating and maintaining the channel for carrying the water to the intake wells were carried out with the assistance of army equipment and a large force of manual labour.

5. With a view to ensuring an adequate and pure water supply for Greater Delhi, the following works are proposed to be executed shortly:—

(i) *River training work.*—On the advice of the Director, Water Research Station, Poona, it has been decided to construct a weir to the downstream of the intake and two guide banks. The work has been taken in hand and will be completed before the summer of 1958.

(ii) *Expansion of water works.*—This includes extension of the intake works at Wazirabad by increasing the pumping capacity there and a new 30 million gallon per day filtration plant at Chandrawal No. 2.

(iii) *Bowana scheme.*—Plans have been drawn up for a 30 million gallon per day increase in the present supply of water and this facility should be available within the next two years. The proposal for getting water from the Western Yamuna Canal (The Bowana Scheme) is being finalised in consultation with the Punjab Government.

(iv) *Hindan Reservoir scheme.*—The possibility of augmenting the supply of water from the Hindan River is also being explored.

11. Assistance to Local Bodies in the Centrally Administered Areas. Imphal Water Supply Scheme.

The existing Water Supply Scheme at Imphal was drawn up some years back for supply of water to a population of about 35,000 at the rate of 5 gallons per head per day. This is very inadequate. A new Water Supply Scheme costing Rs. 28.36 lakhs, and designed to cater for a population of 1 lakh at 14 gallons per head per day has been sanctioned.

AGARTALA WATER SUPPLY SCHEME:

A scheme for the supply of water to Agartala Town at an estimated cost of Rs. 17,07,600 has been sanctioned.

12. Sewage Disposal Works

A sludge digestion plant of 4,00,000 c.ft. capacity has been installed at Okhla along with the gas storage and gas-engine generator plant. Another plant of 8,00,000 c.ft. capacity is likely to be completed by the end of the financial year. The whole plant will be functioning in the early part of the next year.

The work on the installation of an independent sewage treatment plant to the North of Delhi near the Coronation Pillar comprising of pumping station and main and the preliminary treatment plant has started functioning since the 21st March, 1957. The plant will treat the sullage water from the Najafgarh Nallah for the present.

The work on the construction of the sewage treatment plant for the West of Delhi near Keshopur has been taken in hand. It will treat the sewage from New Rajinder Nagar, Patel Nagar, Industrial Area and the Rehabilitation and other colonies on the Najafgarh Road. The contract period for the installation of the plant is 18 months.

The additional gravity duct from Kilokri to Okhla is nearing completion and will be put into commission early next year. The work on the construction of the trunk sewer from Delhi Gate to Ring Road will be taken up in the early part of next year. It would run from Delhi Gate to Ring Road west of the Railway Line and will have a pumping station and a rising main to discharge the sewage into the gravity duct.

CHAPTER VIII

GENERAL

1. Population Control (Family Planning)

The problem of regulating India's population from the dual standpoint of its size and quality is of the utmost importance to National Welfare and economy and continues to engage the attention of the Government of India. The Family Planning Programme adopted by Government includes promotion of the growth of the family as a unit of society in a manner designed to facilitate the fulfilment of those conditions which are necessary for the welfare of this unit from the social, economic, health and cultural points of view, sex education, marriage counselling, marriage hygiene, the spacing of children and advice on such other matters as may be necessary to promote the welfare of families.

During the First Five Year Plan efforts had been primarily directed to build up an active public opinion in favour of family planning advice and service on the basis of existing knowledge. The stage has now been set for a rapid advance towards the opening of more Government aided family planning clinics, intensive publicity, training of medical and auxiliary personnel and research.

In the Second Five Year Plan, a sum of Rs. 497 lakhs has been allotted for the Family Planning Scheme including Rs. 400 lakhs in the Central Plan and Rs. 97 lakhs in State Plans.

There were 287 family planning centres in India at the end of the First Plan Period. The opening of 500 urban and 2,000 rural family planning clinics in association with Primary Health Centres during the period of the Second Plan is envisaged. State Governments, Local Bodies and Voluntary Organisations will be assisted by the Central Government in this programme according to the following pattern:—

Non-recurring Expenditure (including Stocking of Contraceptives for sale)—100% Recurring expenditure

	State Govts. & Local Bodies	Voluntary Organisa- tions.
First Year	80%	100%
Second Year	70%	80%
Third year	50%	To be decided later.
Fourth Year.	30%	Do.
Fifth Year	20%	Do.

During 1956-57, sanction for the opening of 27 urban and 19 rural clinics in States was accorded and a sum of Rs. 2,22,701 was sanctioned as grants-in-aid towards the establishment and maintenance of these clinics as well as 43 clinics opened during the period of First Five Year Plan. In addition, a sum of Rs. 4,52,357 was given as grants-in-aid to six institutes for various research schemes.

A grant of Rs. 1,000 per annum will be paid to each clinic for the purchase and free distribution of foam tablets to persons whose income does not exceed Rs. 100 per month.

For effectively formulating the family planning programme, a high power Family Planning Board with the Union Minister for Health as its Chairman has been constituted. The Constitution of the Board is as follows:—

CHAIRMAN:

1. The Union Minister of Health.

MEMBERS:

2. The Minister of Revenue & Civil Expenditure.
3. Shrimati M. Chandrasekhar.
4. Shrimati Durgabai Deshmukh, Chairman, Central Social Welfare Board.
5. Dr. J. C. Ghosh, Member, Planning Commission.
6. Dr. John Mathai.
7. Shrimati Dhanvanthi Rama Rau, President, Family Planning Association of India, Bombay.
8. Shri Choitram P. Gidwani, M.P.
9. Shrimati Anasuyabai Kale, M.P.
10. Shrimati Savitri Nigam, M.P.
11. Dr. S. C. Sen.
12. Prof. P. C. Mahalanobis.
13. Shrimati Soundaram Ramachandran.
14. Secretary, Planning Commission.
15. Joint Secretary, Ministry of Finance (Department of Expenditure).
16. Secretary, Ministry of Health.
17. Director General of Health Services.

At the first meeting of the Board held on the 27th October, 1956, the following recommendations were made:—

- (i) The formation of an Executive Committee to implement the policy formulated by the Board, to scrutinise the various schemes and to advise on administrative problems including financial matters and recruitment. A Standing Committee has been constituted;

- (ii) the provision of 30 publicity vans with audio-visual aids and technical staff to State Governments on experimental basis. The recommendation could not be implemented due to foreign exchange difficulties;
- (iii) the furtherance of medical and biological research in Family Planning by the Indian Council of Medical Research;
- (iv) the appointment of a Family Planning Officer in each State at State Headquarters to be paid by the Central Government for the first three years:—
 - (a) for coordinating family planning activities throughout the State;
 - (b) for giving guidance and assistance to persons working in rural and urban areas and for arranging for their training;
 - (c) for carrying-on supervision and assessment of the work; and
 - (d) for acting as the liaison officer of the Central Family Planning Organisation and for keeping the Central Organisation informed periodically of the progress and experiences in the working of the State Family Planning Programme.
- (v) the establishment of training centres practically in all States along with the established Maternity and Child Welfare Centres or Maternity Hospitals which have a well developed family planning clinic and to give stipends to trainees;
- (vi) financial assistance to voluntary organisations to be given on merits of each case and not on a sliding scale. Grants-in-aid amounting to Rs. 6,75,058 were sanctioned during 1956-57 upto the end of March, 1957, for the opening of new and the continuance of existing Family Planning Clinics as also for research schemes including those in Demography and the evaluation of contraceptives.

The Family Planning Centre at Ramanagaram has been developed as a training centre, especially for rural health workers.

It has been decided to open an all India Institute for Training and Research at Bombay for the training of doctors, health visitors, nurses and social workers in Family Planning.

Nurses and Social Workers in Family Planning.

Short-term training courses for these personnel were conducted by the officer on special duty at Nagpur, New Delhi, Jamnagar and Calcutta during the year. At Nagpur, a short training course of 8 days' duration was held in April, 1956. It was attended by 70 trainees, (10 doctors, 30 nurses and 30 social workers). A training course of 3 weeks was held at the Lady Hardinge Medical College, New Delhi, in July, 1956. 32 trainees from Delhi, Rajasthan, Himachal Pradesh and the Punjab, including 9 doctors, 3 social workers, 16 health visitors, 2 nurses, 1 health educator and 1 social organizer attended the course.

A Demographic Teaching and Research Centre was established during the year in collaboration with Sir Dorabji Tata Trust at Bombay for training and research in Demography. The Centre will be developed into a Regional training centre for Asia, with the assistance of the United Nations Organisation to serve the needs of other Asian countries as well. The Centre will work in collaboration with two other Demographic Centres to be established at Calcutta and Delhi. The total non-recurring & recurring expenditure on the centre during five years is estimated as follows:—

	Govt. of India share of Exp. Rs. (in lakhs)	Sir Dorabji Tata Trust share of Exp. (Rs. in lakhs)
<i>Non-recurring</i>	6.12	..
<i>Recurring—</i>		
1956-57	1.23	0.25
1957-58	1.26	0.25
1958-59	1.46	0.25
1959-60	1.48	0.25
1960-61	1.57	0.25
	7.00	1.25

The United Nations Organisation has been approached to provide financial assistance for the development of the Centre as a Regional Centre for Asia.

A grant of Rs. 3 lakhs has also been sanctioned by the Government of India for the construction of a wing in the building of the Cancer Research Centre, Bombay for the testing of contraceptives.

2. The Prevention of Adulteration of Foodstuffs

(a) The Prevention of Food Adulteration Act, 1954, was brought into force on the 1st June, 1955. Upto November 1956, 42,045 prosecutions were launched under this Act in various States and Union territories.

(b) The Central Committee for Food Standards was established with effect from the 1st June, 1955, under section 3 of the Act, to advise the Central Government and State Government on matters arising out of the Administration of the Act and to carry out other functions assigned to it under this Act.

(c) The Central Food Laboratory required to be set up under Section 4 of the Prevention of Food Adulteration Act, 1954, was established temporarily at the All India Institute of Hygiene and Public Health, Calcutta, with effect from the 1st June, 1955, pending the construction of a permanent building for the Laboratory at Calcutta. A Director and a Chief Technical Officer have been appointed for the Central Food Laboratory, Calcutta.

3. The National Water Supply and Sanitation Programme

The National Water Supply and Sanitation Programme was started during the First Five Year Plan period in August-September, 1954. Assistance is given by the Central Government in the form of loans in the case of approved Urban Schemes to the extent of 100 per cent. estimated cost and as grant-in-aid in the case of approved rural schemes to the extent of 50 per cent. The programme is being continued in the Second Five Year Plan period.

URBAN SCHEMES

During the First Five Year Plan period against 255 approved schemes of State Governments estimated to cost Rs. 4504.04 lakhs, a sum of Rs. 928.465 lakhs was paid as shown in the table below:—

Serial No.	Name of State	No. of W.S.	Schemes Sewage	Cost of approved Schemes	Funds paid during 1st Five Year Plan	Funds allocated during 2nd Five Year Plan
1	2	3	4	5	6	7
(Rs. in lakhs)						
1	Andhra . . .	16	2	529.09	100.00	240.00
2	Bihar . . .	9	1	230.36	118.00	..
3	Bombay . . .	16	7	335.25	31.25	135.00
4	Delhi . . .	2	1	191.30	14.25	200.00
5	Hyderabad . . .	6	..	87.17	18.75	..
6	Madhya Bharat . . .	3	3	58.00	17.84	..
7	Madras . . .	14	3	815.18	25.00	325.00
8	Mysore . . .	14	3	210.65	18.75	190.00

1	2	3	4	5	6	7	
9	Orissa		..		..	55.00
10	Madhya Pradesh	9	..	132 42	16.25	160.00	
11	Pepsu	16	7	39 68	3.75	..	
12	Punjab	21	16	205.60	468.75	120.00	
13	Rajasthan	14	.	274.13	18.75	150.00	
14	Saurashtra	19	4	562.32	50.00	..	
15	Travancore-Cochin (Kerala)	4	2	368 00	43.75	110.00	
16	Uttar Pradesh	20	9	331 66	250.00	470.00	
17	Vindhya Pradesh	4	..	55 95	18.75	..	
18	West Bengal	10	.	77.28	37.50	200.00	
			197	55	4504 04	925 465	2400.00

A provision of Rs. 63 crores has been made in the Second Five Year Plan (Rs. 40 crores for Urban Schemes in the Central Plan including Rs. 10 crores for Corporations and Rs. 23 crores in State Plans). A provision of 350 lakhs was originally made in the budget for 1956-57 for Urban Schemes and was subsequently raised to Rs. 369.14 lakhs. The following loans during the year were sanctioned to the State Governments and Union Territories:—

Name of State	Amount of loan sanctioned Rs. in lakhs)
1. Madras	30.00
2. Mysore	17.00
3. Kerala	5.00
4. Andhra Pradesh	90.00
5. Delhi	121.06
6. Rajasthan	18.58
7. Uttar Pradesh	45.00
8. West Bengal	25.00
9. Madhya Pradesh	14.25
TOTAL	369.14

The loans granted to State Governments for the Urban schemes are repayable in instalments over a period of 30 years.

RURAL SCHEMES

During the First Five Year Plan period against 133 approved schemes of the State Governments estimated to cost Rs. 1,324.53 lakhs, a sum of Rs. 280.0675 lakhs was paid as grant-in-aid to the States as shown in the table below:—

Serial No.	Name of State	No. of Schemes	Cost of approved Schemes	Funds paid during 1st Five Year Plan
(1)	(2)	(3)	(4)	(5)
			(Rupees in lakhs)	
1	Andhra	4	80 00	10 00
2	Assam	7	55 55	6 24
3	Bihar	7	120 84	36 00
4	Bombay	6	124 92	15 630
5	Delhi	2	22 00	1 75
6	Hyderabad	3	49 50	6 125
7	Madhya Pradesh	5	103 87	10 00
8	Madras	6	144 00	15 00
9	Mysore	4	30 90	12 84
10	Punjab	5	42 00	10 25
11	Pepsu	9	16 57	179 75
12	Rajasthan	2	41 20	20 60
13	Saurashtra	1	40 00	15 625
14	Travancore-Cochin (Kerala)	6	49 90	9 10
15	Uttar Pradesh	3	212 00	86 50
16	Vidhya Pradesh	2	23 90	6 00
17	West Bengal	10	100 77	10 25
18	Himachal Pradesh	3	17 62	1 36
19	Orissa	13	48 60	6 00
	TOTAL	133	1324 53	280 0675

In the Second Five Year Plan, there is a provision of Rs. 28 crores in State Plan against which assistance is given by the Centre on the same basis as during the first Plan period. A provision of Rs. 100 lakhs was made in the Ministry's Budget for 1956-57 for giving grants-in-aid to State Governments.

Upto the end of March, 1957, grants-in-aid amounting to Rs. 84·945 lakhs were sanctioned to Governments as shown below:—

Name of State	Amount of grant-in-aid sanctioned
Orissa	10·5 Lakhs
Andhra Pradesh	10·0 Do.
West Bengal	8·0 Do.
Assam	3·0 Do.
Jammu & Kashmir	5·0 Do.
Uttar Pradesh	28·5 Do.
Himachal Pradesh	4·93 Do.
Delhi	2·50 Do.
Bombay	9·64 Do.
Kerala	2·875 Do.
TOTAL	84·945

Under the Indo-U.S. Operational Agreement No. 25, a sum of \$ 1·525 million in addition to \$ 4·5 million which was provided in the first Plan period, has been made available by the U.S. Government for the purchase and transport to India of equipment and material required for the National Water Supply and Sanitation Programme for the year 1956-57. Necessary indents were placed with the T.C.A. for the equipment and material and the supplies are being received.

4. The Central Public Health Engineering Organisation

The Central Public Engineering Organisation was set up for furtherance of schemes of water supply, drainage and sanitation of State Governments, for helping these Governments in the preparation and execution of their schemes and for giving technical advice and guidance to the States wherever necessary. A Public Health consultant has been provided by the T.C.M. and a Public Health Engineer by the Colombo Plan authority to work in the organisation. The Public Health Engineers of this Organisation occasionally undertake tours to the various States at the request of the State Governments for local inspections and technical advice. The Organisation has got the following staff:—

- 1 Deputy Director General (P.H. Eng.).
- 2 Assistant Director Generals (P.H. Eng.).

- 5 Deputy Assistant Director Generals (P.H. Eng.).
- 1 Ground Water Geologist.
- 1 Sanitary Chemist Biologist.
- 3 Public Health Engineers.

5. (a) Training in Public Health Engineering

Public Health Engineers are in short supply in the country. A provision of Rs. 50 lakhs has been made in the Second Five Year Plan for the training of Public Health Engineering personnel for the implementation of the National Water Supply and Sanitation Programme in the country. The Government of India sanctioned the training during 1956-57 of 30 Engineers in a 10 months course at the All India Institute of Hygiene and Public Health, Calcutta, and of 100 Engineers and 200 Engineering Subordinates in short three months courses at the aforesaid Institute and at the Engineering Colleges at Roorkee and Guindy. 150 Sanitary Inspectors and 100 Plan Operators will also be trained at regional Centres like Bombay Calcutta, Delhi and Madras. Stipends are given by the Central Government to trainees at the rate of Rs. 150-p.m. to engineers, Rs. 100 p.m. to engineering subordinates and plant operators, Rs. 75-p.m. to sanitary inspectors.

A provision of Rs. 1.5 lakhs was made in the budget for 1956-57 for this training programme.

(b) Second Conference of State Public Health Engineers

The Second Conference of Public Health Engineers, was held in New Delhi from the 6th to the 9th August, 1956, to discuss problems relating to the National Water Supply and Sanitation Programme. Public Health Engineers from different States attended the conference. The important recommendations are that all Urban local bodies having a population upto 15,000 should be made eligible for 50 per cent subsidy from the Centre for their water supply schemes and that regardless of population limit consideration should also be given to places where there is acute scarcity of drinking water or places which are Centres of water borne diseases; that permanent water supply arrangements should be provided for all big fairs; that laboratory facilities should be provided at all water supply installations; that a Committee should be constituted for the compilation of a Standard Code and practice for designs, constructions, maintenance and operation of water supply and drainage schemes; that stream pollution should be controlled by the State Governments; that training facilities for Public Health Engineers and Auxiliary Personnel should be expanded; that a Central Public Health Engineering Research Institute under the Central Ministry

of Health should be constituted; that separate Public Health Engineering Organisation should be established in the States where they do not exist; that the Public Health Engineering Conference should be convened annually at different places; that material and equipment for the National Water Supply and Sanitation Programme should continue to be imported; that the State Governments should chart a programme for operating drilling rigs supplied to them and that Centre should have highly specialized officers such as Hydraulic Engineers, Hydrologists, Sewage Treatment Experts, Geo-Physicists, Drilling Experts, Dam designing Experts etc for giving necessary guidance and expert advice to the States when required.

The recommendations were forwarded to the State Governments for necessary action.

6. The Scheme for the integration of Public Health with the Basic Course in Nursing.

This is a new centrally-aided scheme included in the Second Five Year Plan. The scheme envisages the introduction of a wider basic course in nursing in selected training schools with financial assistance from the Central Government. Selected schools undertaking the new training programme will be required to take at least 12 students in addition to their normal quota of admissions. The additional number of students will enable these training schools to provide training and experience in the field of Public health including domiciliary nursing and midwifery to all students by rotation. The primary aim of the scheme is to provide generalised training to nurses and midwives so that they may be prepared to work not only in an institution but also in the public health field including domiciliary nursing and midwifery and thereby play an effective role in the expanding health service in the country.

Sanction has been accorded to the establishment of one Centre each in Madras, Orissa and Kerala.

7. Establishment in teaching hospitals of child guidance clinics and psychiatric Departments

It is proposed to establish in teaching hospitals, Child Guidance Clinics and Psychiatric Departments, under this scheme which has been included in the Second Five Year Plan at an estimated cost of Rs. 40 lakhs. A provision of Rs. 4 lakhs had been made in the budget for 1956-57. Under this Scheme ten clinics each were proposed to be started in 1956-57 and ten more in 1959-60 for the treatment of behaviour, personality, habit, disorders of children and psychosomatic disturbances, juvenile psychoneurosis and psychosis by the application of mass treatment method, jointly with cooperation and

assistance of State Governments in whose jurisdiction the clinics may be located. The financial pattern of Central assistance will be as follows:—

- (i) Non-recurring 75 per cent.
- (ii) Recurring 50 per cent.

The Child Guidance Clinics and Psychiatric Clinics, it is visualised, will work closely together and will be attached to the out-patients departments of teaching hospitals. Provision has been made in the scheme for such minimum additions and alterations to buildings as may be necessary and for the provisions of equipment to meet the need of both the clinics.

The scheme has been circulated to State Governments. Some State Governments have intimated that they are not interested in the scheme while replies from other State Governments are still awaited.

8. Paediatric centres

The scheme relating to the establishment of Paediatric Centres has been included in the Second Five Year Plan at an estimated cost of Rs. 45.00 lakhs.

The intention is to open five Paediatric Centres during the Second Five Year Plan period, and to develop these Centres so as to enable them to provide post-graduate training and facilities for research in Paediatrics. The establishment of one Centre each in Bihar, Andhra Pradesh and Kerala has been sanctioned.

9. The Development of Public Health Laboratory Services

There is a need for increased laboratory facilities with the rapid expansion of health services in the country. A scheme for the development of Public Health Laboratory Services which has been included in the Second Five Year Plan, envisages:—

- (a) the establishment and maintenance of a well-equipped and adequately staffed principal public health laboratory at each State headquarter, and
- (b) the creation of secondary regional laboratories at other centres throughout each State.

The laboratories will carry on:

- (i) examination of bacteriological serological and clinical material received from hospitals, dispensaries health units or any other health organisation.
- (ii) examination of food samples under the Prevention of Food Adulteration Act, 1954.
- (iii) chemical and bacteriological examination of samples of water, and
- (iv) training of technical personnel of different categories.

A provision of Rs. 10·00 lakhs has been made in the budget of the year 1956-57 for this scheme. Central assistance will be made available to States on the basis of an approved pattern for the establishment of these laboratories.

10. The Model Public Health Committee

The Draft Model Public Health Act prepared by the Committee appointed for the purpose was circulated to States and comments of State Governments discussed in the fifth meeting of the Central Council of Health Ministry held at Ranchi in December, 1956. The following resolution was passed by the Council:—

“The Central Council of Health taking note of the views expressed with regard to the promotion of Central Legislation on the basis of the Model Public Health Act, recommends to the Union Health Ministry to proceed with the early preparation of a Draft Bill which may be circulated to the State Governments. The matter must be ready to be placed in a concrete form before the next meeting of the Council”.

The Government of India on an examination of the question found that the subjects covered by the Model Act were diverse as on most of them there existed State or Central legislation, and it would not therefore be easy to draft a unified Bill for being enacted as a Central or State law. It would be easier for States to supplement their existing legislation where needed or to enact new law on the basis of the Model Public Health Act. State Governments have been informed accordingly.

11. Financial assistance to non-Government Health Institutes

Under the scheme of giving financial assistance to clinics, hospitals, T.B. Sanatoria, Leprosy treatment centres and such other health institutions maintained by non-official or voluntary agencies, which are of more than local importance and work without profit in the field of health, grants in aid amounting to Rs. 35,63,250 were given to 106 institutions during the First Five Year Plan period for the purchase of essential equipment and for improving the institutions in other ways. The scheme has been included in the Second Five Year Plan also and a provision of Rs. 30 lakhs was made in the budget for 1956-57. The entire amount was paid as grants-in-aid during the year to 95 institutions in various States, on recommendations received through State Governments.

12. Councils

(a) *The Indian Medical Council.*—The Indian Medical Council was constituted under the Indian Medical Council Act, 1933 (XXVII of 1933) with the object of establishing a uniform minimum standard of higher qualifications in medicine for all the States except

the former Part B States. A grant of Rs. 1,50,000 was paid to the Council during the financial year 1956-57.

The Indian Medical Council Bill, to amend the Indian Medical Council Act, 1933, was introduced in the Rajya Sabha on the 17th May, 1956, and was passed by both the Houses of Parliament. It received the President's assent on the 30th December, 1956.

The objects and reasons of the Act are as follows:—

- (i) to give representation to licentiate members of the medical profession, a large number of whom are still practising in the country;
- (ii) to provide for the registration of the citizens of India who have obtained foreign medical qualifications which are not at present recognised under the Indian Medical Council Act, 1933;
- (iii) to provide for the temporary recognition of medical qualifications granted by medical institutions in countries outside India with which no scheme of reciprocity exists in cases where the medical practitioners concerned are attached for the time being to any medical institution in India for the purpose of teaching or research or for any charitable object;
- (iv) to provide for the formation of a Committee of Post-graduate Medical Education for the purpose of assisting the Medical Council of India to prescribe standards of post-graduate medical education for the guidance of Universities and to advise Universities in the matter of securing uniform standards for post-graduate medical education throughout India; and
- (v) to provide for the maintenance of an All India register by the Medical Council of India, which will contain the names of all the medical practitioners possessing recognised medical qualifications.

Necessary steps to enforce the new Act and to frame rules thereunder are being taken.

(b) *Indian Council of Medical Research.*—The Government of India pay an annual grant to the Indian Council of Medical Research for its research activities. The Council works for research in the field of medicine and public health. Activities of the Council have recently increased to a considerable extent. A provision of Rs. 412 lakhs has been made in the Second Five Year Plan for financing the following research programme of the Council in the Second Five Year Plan period:—

- (1) Assisting selected Medical Colleges and Teaching Hospitals for carrying on research.

- (2) Organising the training of research workers by way of fellowships training programme, and of refresher courses for virus diseases, leprosy etc.
- (3) The establishment of certain new research institutions such as the Animal Breeding Institute, Institute of Occupational Health and the Virus Research Institute.

A provision of Rs. 30·00 lakhs which was made in the budget for 1956-57 has been paid as grant-in-aid to the Council.

It has been decided that the programme of research in Family Planning will also be a function of the Council.

(c) *The Indian Nursing Council.*—The Indian Nursing Council was constituted under the Indian Nursing Council Act, 1947, (XL VIII of 1947), in order to establish a uniform standard of training for nurses, midwives, and health visitors etc. Keeping in view this purpose, the Council has prescribed a syllabus for training courses in General Nursing and Midwifery, for Auxiliary Nurse-Midwives, Health Visitors and the B.Sc. and post-graduate courses in Nursing. The Council also grants recognition to the various qualifications and general nursing, midwifery, etc., instituted in the different States from time to time. Information is collected and tabulated from various training schools in general nursing, midwifery, etc. and from State Nursing Councils in India, regarding conditions and standards of training, the number of training centres, and students under training for different courses, the number of qualifying from these schools each year and the number of nursing personnel registered with Registration bodies. A proposal to amend the Indian Nursing Council Act, 1947, is under consideration.

13. *The Indian Medical Council Act, 1956.*—The Indian Medical Council Bill, to amend the Indian Medical Council Act, 1933, was introduced in the Rajya Sabha on the 17th May, 1956, and was passed by both the Houses of Parliament. It received the President's assent on the 30th December, 1956.

The objects and reasons of the Act are as follows:—

- (a) to give representation to licentiate members of the medical profession, a large number of whom are still practising in the country;
- (b) to provide for the registration of the citizens of India who have obtained foreign medical qualifications which are not at present recognised under the Indian Medical Council Act, 1933;
- (c) to provide for the temporary recognition of medical qualifications granted by medical institutions in countries outside India with which no scheme

of reciprocity exists in cases where the medical practitioners concerned are attached for the time being to any medical institution in India for the purpose of teaching or research or for any charitable object;

- (d) to provide for the formation of a Committee of Post-Graduate Medical Education for the purpose of assisting the Medical Council of India to prescribe standards of post-graduate medical education for the guidance of Universities and to advise Universities in the matter of securing uniform standards for post-graduate medical education throughout India; and
- (e) to provide for the maintenance of an All India register by the Medical Council of India, which will contain the names of all the medical practitioners possessing recognised medical qualifications.

Necessary steps to enforce the new Act and to frame rules thereunder are being taken.

14. Distribution of Drugs and other Relief Measures in Emergency Situations:

The Government of India have entered into an agreement with the W.H.O. and the U.N.I.C.E.F. for the supply of drugs and other relief articles to meet emergencies arising out of natural calamities viz., floods, famine etc., in the country. Under the Plan of Operations signed by the Government of India, the W.H.O. and the U.N.I.C.E.F., the commitments of the three parties are as below:—

- (1) The UNICEF will provide an assortment of drugs upto a value of \$55,000 to be delivered by August, 1956, or as soon possible thereafter;
- (2) The Government of India will purchase drugs of value equivalent to the UNICEF contributions; and
- (3) The W.H.O. will be responsible in consultation with the Government of India for the selection of suitable drugs and for the provision of such technical advice as may be required.

A list of drugs was drawn up in consultation with the W.H.O. and the UNICEF were requested on the 30th May, 1956, to take action for the procurement of drugs against the contribution of the U.N.I.C.E.F. Drugs worth \$35,398 have already been ordered by them and out of this about \$7,000 worth of drugs from this amount are expected to arrive in India shortly. So far as the Government of India's share was concerned, sanction was issued for the purchase

of drugs at a cost not exceeding Rs. 2,25,000. Arrangements were made by the Directorate General of Health Services, for the distribution of these drugs to States which suffered from natural calamities. Details of medical stores distributed to affected States through the Directorate General of Health Services, are given below:—

Name of Item	Total quantity supplied
1. Multivitamin tablets	6,48,000
2. Sulphaguanidine tablets	43,00,000
3. Sulphadiazine tablets	2,00,000
4. Sulphamerazine tablets	2,00,000
5. Sulphadiaz tablets	12,000
6. Chloromycetin tablets	14,000
7. Chloromycetin Capsules	10,000
8. Chloramphenicol Capsules	5,000
9. Streptomycin vials	12,000
10. Chloroquin tablets	3,95,000
11. Camoquin	10,000
12. Syringes Nos.	50
13. Needles Dozen	15
14. Skim Milk Powder Tons.	895½

15. Arrangement for supply of Milk by the T.C.M. for Emergency purposes

The T.C.M. in India were addressed in August, 1956 for making available 3,000 tons of skimmed milk powder for being used in emergency. Letters have been exchanged between the Ministry of Health and the Charge d'Affairs, U.S. Embassy in India on the one hand and between the Ministry of Finance, Department of Economic Affairs and the T.C.M. in India on the other relating to the supply of the milk powder for free distribution in areas affected with natural calamities. The consignment of 3,000 tons of dried milk reached India in February 1957.

16. The Health Ministry's Discretionary Grant

Requests are received from time to time from institutions and individuals for small scale financial help for medical relief and also for carrying on researches in the field of medical treatment and public health. Grants which are of a non-recurring nature are paid from this fund under personal orders from the Union Health Minister after making necessary enquiries into bonafides of requests received. A lump provision is made every year in the budget of this Ministry for the purpose. A provision of Rs. 5.0 lakhs was made in the budget for 1956-57, and was fully utilised.

17. The Rajkumari Sports Coaching Scheme

The Rajkumari Sports Coaching Scheme commenced functioning from October, 1953, and has organised country-wide Coaching in athletics cricket, tennis, football, hockey, badminton, table tennis, volleyball, basketball and swimming. The whole amount of Rs. 4 lakhs for which provision was made in the budget estimates for the year 1956-57 has been paid to the Rajkumari Sports Coaching Scheme

During the years 1953-56, 523 Indian Coaches were trained by 19 foreign Coaches invited to India from the inception of the Scheme. There are also 18 Indian Coaches under full time employment.

